DOCUMENT RESUME

ED 248 411 CG 017 682

AUTHOR Zaki, Gamal; Zaki, Sylvia
TITLE Counseling Services in Adult Day Care Centers.
INSTITUTION Rhode Island Coll., Providence. Gerontology Center.
PUB DATE Feb 84
NOTE 115p.; Paper presented at the Annual Scientific Meeting of the Gerontological Society (36th, San Francisco, CA, November 17-22, 1983) and the Annual Conference of the Northeastern Gerontological Society (4th, April 1984). For authors' earlier research on adult day care, see ED 230 836.
PUB TYPE Information Analyses (070) -- Reports - Research/Technical (143) -- Speeches/Conference Papers (150)

EDRS PRICE MF01 Plus Postage. PC Not Available from EDRS.
DESCRIPTORS *Adult Day Care; Counseling Objectives; *Counseling Services; Gerontology; *Older Adults; *Staff Utilization
IDENTIFIERS *Long Term Care Facilities

ABSTRACT

Federal support for adult day care centers began in the United States approximately 10 years ago. To examine the counseling practices in the adult day care centers across the country and to explore how the services are affected by the staffing patterns at these centers, 135 centers completed a questionnaire. The questionnaire addressed programming, affiliation, staffing patterns and utilization, admission criteria, and family and counseling services. The results showed the diverse structures as well as the functions of the centers. Counseling services, in the broadest sense, were affected by the staffing patterns of these centers. The results also reflected the inadequacy of services offered to the families of the clients. Counseling was not recognized as a professional service needed by clients and their families, and was a rare service among the centers surveyed. The staffing patterns of these centers (e.g., health care providers versus psychosocial services providers) affected the scope and thrust of services offered. The historical argument of medical versus psychosocial models of day care centers is still unresolved as evidenced by the results of the study. The majority of the centers did not consider it their responsibility to help their clients to have access to services available through other community agencies. (This report also provides recommendations for the role of counseling in day care centers, including pre-admission counseling, on-going therapy, group counseling, and follow-up services. The survey questionnaire is appended.) (BL)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

HARD COPY NOT AVAILABLE

ED248411

RHODE ISLAND COLLEGE

GERONTOLOGY CENTER

COUNSELING SERVICES IN ADULT DAY CARE CENTERS

Study

By

Gamal Zaki
Sylvia Zaki

February 1984

U.S. DEPARTMENT OF EDUCATION
NATIONAL INSTITUTE OF EDUCATION
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☐ This document has been reproduced as received from the person or organization originating it.

☒ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official NIE position or policy.

"PERMISSION TO REPRODUCE THIS MATERIAL IN MICROFICHE ONLY HAS BEEN GRANTED BY

Gamal Zaki

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

CG 017682

ACKNOWLEDGEMENT

This Study was made possible by the participation and dedication of many staff members and students of the Gerontology Center. The authors wish to thank all the Directors of day care centers who responded to the questionnaire and devoted their time and effort to provide us with the needed information. Without their information, the study would have never been completed.

The authors wish to thank Dr. James Bierden for his continued support to the Center and its activities.

Gamal Zaki
Sylvia Zaki

November, 1983

TABLE OF CONTENTS

	Page
CHAPTER I	
1. Statement of the Problem	1
2. Methodology	2
CHAPTER II	
1. Introduction	4
A. The Inception of the Concept	4
B. State-Of-The-Art: U.S.A.	6
CHAPTER III	
1. Definitions	
A. Day Hospital	9
B. Day Care Centers	11
C. Day Hospital vs. Day Center	13
D. Day Care as a Long Term Care Service	17
CHAPTER IV- The Role of the Counselor and the Need for Counseling in Day Care Centers	
1. Definition of Counseling	30
2. Counseling the Adult	31
3. Counseling the Families of the Adult	32
CHAPTER V - Analysis and Interpretation	
- Affiliation	34
- History of Day Care Centers	35
- Development of Day Care Centers	35
- Daily Hours of Operation	36
- Average Yearly Budget	36

Page

CHAPTER V (cont'd)

- Individual Rates for Day Care Centers 36
- Distribution of Budget Allocations 37
- Client Registration at Centers 37
- Client Capacity at Center 37
- Average Daily Census 37

CHAPTER VI - Summary of Results and Recommendations

- Affiliation of Centers 56
- Utilization 57
- Hours of Operation 57
- Staffing 58
- Criteria for Admission 59
- Services for Families of Clients 60
- Counseling Services in Day Care Centers 60

Appendices 1 and 2

References

INTRODUCTION

The authors completed a study of "Day Care as a Long-Term Care Service" in 1982 which explored the structures, functions and practices of eleven day care centers in the Southeastern New England Region. The results of the study reflected not only diverse structures, but practices as well. The functions of centers seemed to be affected by various factors. One of these factors, the results revealed, was the patterns of staffing these centers; e.g., health care providers vis-a-vis psychosocial services providers. The authors, as a follow up, conducted a nationwide survey to study counseling services practices in day care centers, and explore how are they affected by the staffing patterns at these centers. An adequate sample of 135 centers responded to the questionnaires mailed to them. The results of the survey confirmed the diverse structures as well as functions of the centers. Counseling services, in the broadest sense, were affected by the staffing patterns of these centers. The results also reflected the inadequacy of services offered to the families of the clients. Counseling was not recognized as a professional service needed by clients and their families. Professional counseling was a rare service among the centers surveyed. The staffing patterns of these centers affected the scope and thrust of services offered. The historical argument of medical vs. psychosocial models of day care centers is still unresolved as evidenced by the results of the study. The majority of the centers did not consider it as their responsibility to help their clients to have access to services which were not available at the centers through other community agencies. This leads the authors to believe that the majority

of the centers assume the responsibility of the wellbeing of their clients only during their working hours.

The role of counseling and counselors in community settings is moving in different directions in our society. Due to new emerging needs and demographic changes in our society, the field of Gerontology has become one of the most important fields providing academicians as well as practitioners with insights into the process of aging as well as the general characteristics of our elderly population. Up until 1974, there was no recognition of the role of a counselor of older adults. In a youth oriented society, it is expected that we have youth counselors performing in community settings, and while recognized for their performance, nobody paid attention to the role of the counselor of older adults. It seems then that it would be important to explore this vital issue within a community setting like day care centers.

CHAPTER I

1. Statement of the Problem
2. Methodology

I. Statement of the Problem

A. Main Premises

This Study deals with the processes of counselling in adult day care centers. The following are the main premises of this study:

a) counselling services are essential for helping the elderly in community settings;

b) economic health and psycho-social problems surface through the later stages of the life path;

c) coping processes and mechanisms are essential to support the elderly through stages of development;

d) counselling the elderly is a comprehensive process which includes helping the elderly to cope with the changes in their life path;

e) there are two stages of counselling, viz.,

1) professional counselling administered by trained qualified counsellors; and

2) auxiliary counselling which is provided by all professionals in the fields of human services, e.g., nurses, medical doctors, physical therapists, etc.

f) day care centers are intermediary institutions in our society serving a continuum of frail elderly who are able to stay in the community with an adequate supportive system; however, they need maintenance services; and to frail elderly who need institutionalization; and

g) the transitional period between active to frail is a critical stage of development which needs intensive counselling services from both professional and auxiliary personnel.

B, Statement of the Problem

The Study aims at identifying the counselling processes within adult day care centers in the nation: structure and functions, and assessment.

II. Methodology

The survey has been conducted in four stages:

A. First Stage: Survey of Literature

This entailed survey of literature for the following purposes:

1. To gain familiarity with the general theoretical frames and practices.
2. To focus on certain issues pertaining to the research question.
3. To identify the different variables bearing on the research question.
4. To identify different modalities and practices in the field of day care services with particular references to counseling.

Material about selected day care centers: development, structure and functions in the U.S.A. was reviewed by the authors.

B. Second Stage: Development of Data Collection Techniques

1. Questionnaires were developed dealing with the main issues and questions of the study. The questionnaires were pre-tested in two different settings. The questionnaires were modified, reviewed, and developed in the last form prior to mailing. (Appendix 1)

C. Third Stage: Data Collection

Questionnaires were mailed out to all existing day care centers in the country. A list of the number of day care centers in different

states and the number of responses are indicated in Appendix 2
A total of 135 responded to the questionnaire.

D. Fourth Stage: Tabulation, Analysis and Interpretation.

Collected data was computerized and SPSS System was utilized. Analysis and interpretation were done and the final report was written.

CHAPTER II

1. Introduction

   A. The Inception of the Concept

   B. State-Of-The-Art: U.S.A.

I. Introduction

A. The Inception of the Concept:

Occupational centers for the subnormal, opened in 1914, were the beginning of our present concept of day care. The first day care hospitals for psychiatric patients were introduced in the U.S.S.R. between the Wars. Psychologically troubled patients paid day care visits to mental institutions or psychiatric centers for treatment, returning to their homes each night. [1]

The concept of adult day care emerged in recent times from England where it has functioned as an alternative to institutional residency for more than two decades and is part of the British national health service.[2] Day care services for geriatric patients is believed to have started at the Crowly Road Hospital in Oxford, England in 1958.[3] In 1957 the British Ministry of Health cited the advantages of geriatric day hospitals: (1) early discharges from hospital facilities; (2) follow-up and continuation of in-patient therapy in order to prevent any further physical deterioration; (3) the possible elimination of the need for in-patient admission for certain types of patients; (4) social and emotional support of the lonely, elderly population; and, (5) a means to relieve families from a 24-hour caretaking function. Further advantages of day hospital care are a reduction in the need for nurses (one shift instead of several) and the availability of hospital facilities to a larger population.[4]

Between 1966 and 1968, the concept of day care was expanded and eventually formalized as a means of offering the marginally impaired access to supportive health and social services without forcing them to forego residency in the community.[5]

Day care for geriatric patients with medical-nursing components is not well developed in the United States. Day care in the United States is primarily associated with psychiatric patients, as was the initial experience in the United Kingdom. However, there are several experiences with day care facilities for chronically ill aged which can be cited. Perhaps the earliest attempt at providing day care services in the United States was in Schenectady, New York, where in 1958 a three-year project on a day hospital rehabilitation program was instituted. The project was an outgrowth of an extensive program of out-patient services offered by the Schenectady City Hospital. One recommendation coming from the Schenectady project was that a day hospital program be connected to an in-patient rehabilitation facility since 50 percent of the patients cared for required in-patient admission before being transferred to the day hospital. Pre-admission assessment was emphasized as being an important component of the program. A further recommendation was that there be adequate follow up for day care patients since there was evidence of patient decline after day care discharge.[6]

B. State-Of-The-Art: U.S.A.

A survey of the historical development of day care centers in the U.S. reflects a movement of acceptance of the concept and its practices as an integral part of the long term care continuum of services. Robins indicates only 10 years ago federal support was first provided for four experimental programs. Four years later, in 1974, the federal government provided support for a state-of-the-art paper of adult day care. There were fewer than 15 locations from which programs could be selected for study. At about the same time, the National Center for Health Services Research of HEW initiated a series of demonstration contracts at four sites for development and evaluation of a particular model of day care which for convenience at the time was called the "health model."

In 1977, a Directory of Adult Day Care Programs listed approximately 200 programs. A year later, a revised directory contained 275 programs. This is a sharp contrast to the updated directory published in November, 1980, containing more than 600 programs. However, some programs were missed in the 1978 listing, and thus, the true growth rate of adult day care programs would be at a somewhat lesser rate. Nevertheless, the jump from 15 programs in 1974 to 600 plus programs serving approximately 13,500 persons (with the number constantly increasing) is impressive. Adult day care is being accepted and utilized as a valuable modality in the continuum of long term care services.

Funding Sources

Policy makers, planners and programmers unanimously agree that

third-party reimbursement for adult day care is vital to make the service universally available. Currently, a reimbursement is available to certain programs, in certain states, but with little assurance as a base for program planning.

There is no Medicare coverage for adult day care as an entitlement. Through a special waiver, it is currently being provided in an experimental program, On Lok in San Francisco. This is part of a study of a total package of health services for the elderly including a Health Maintenance Organization. In a few restorative day care programs located in Medicare-certified facilities, individual services prescribed by physicians may be reimbursed by Medicare for those who carry Part B insurance.

Coverage for adult day care by commercial insurance carriers appears to hold promise. In isolated cases, commercial insurance policies cover the cost of adult day care. Some of the unions are thinking about including this in their health coverage.

New York was the first stage to utilize Medicaid reimbursement for adult day care, starting with its first program in 1970. New York currently provides reimbursement for this service in 23 programs.

In April 1973, a notice was issued by the Medicaid Program informing the states that the Medicaid reimbursement could be provided for adult day care if the state elected to make it a part of its state plan.

A year later, California provided reimbursement for this service through Medicaid, and now has 13 programs authorized to do so.

In 1975, Massachusetts inaugurated its first program through Medicaid, and now leads the nation with 47 programs.

Georgia followed in 1976 and now has 10 programs. New Jersey started in 1977 and now has 8 programs. The State of Washington began its activity in 1978 and has 9 programs. Maryland and Kansas authorized reimbursement for adult day care in 1980 and now have 2 and 6 programs respectively.

All of these states plan to expand Medicaid reimbursement for this service; other states are making efforts to incorporate coverage for adult day care.

Title XX, the Social Services Amendment to the Social Security Act, permits the states, at their option, to use these funds for adult day care. This has led the way to accelerated growth of programs throughout the nation. Currently 40 states provide such support for 297 programs. The most active state in this respect is Alabama with 38 programs. States with between 10 and 20 programs are North Carolina, Texas, New Jersey, Illinois, Mississippi, Tennessee, Ohio, Maryland, and Pennsylvania.

Other funding sources for adult day care include Title III of the Older Americans Act, Area Agencies on Aging, philanthropic sources revenue sharing, mental health departments, and the United Way. Participant payment, sometimes on a sliding scale, is an important financial resource of many programs. [7]

CHAPTER III

1. Definitions

   A. Day Hospital

   B. Day Care Centers

   C. Day Hospital vs. Day Center

   D. Day Care as a Long Term Care Service

If the day care concept were simple, so that its intended outcomes could be expressed by a unitary measure, and if the measurement of health were highly developed so that there was agreement on a definition of functioning levels there might be little doubt about how to define and to account for what geriatric day care is attempting to accomplish. The various programs that are operating, however, are designed to achieve numerous goals. They include: (1) reducing institutionalization, (2) improving clients' life satisfaction, (3) improving clients' mental and physical functioning, (4) increasing independence, and (5) reducing health care costs. These are not the only goals espoused by day care programs; improving family relations, and improving client/family social and economic functioning are other examples drawn from a long list.[8]

There is confusion in the field, however, over the differences between day care and day hospitals. Day care and day hospital programs described during the early 1970's were likely to include psychiatric and non-psychiatric care and treatment goals and the terms day hospital and adult day care were used without distinction.[9] An attempt will be made to clarify this issue.

A. Day Hospital

Lorenze, et. al., define the day hospital as; "...model for providing health and supportive services to patients. It is operated by and as part of a general or special hospital for patients who come to the program, one or more times per week, spend a major portion of the day at the day hospital and return home to spend the night."[10]

Padula offers us a similar though elaborate definition. "Day hospital is primarily a health related program for the disabled or ill aged person who requires treatment either following hospitalization, or instead of admission to 24 hours in-patient care in a hospital or nursing home. Common reasons for referral to day hospitals serving the physically ill are physical restoration or maintenance of function for stroke and arthritis patients, change of surgical dressings, and other skilled nursing procedures. Regarding the origin of day hospitals, Padula indicates that they branch out of hospitals or at least skilled nursing homes with close ties to hospitals because of the program's reliance on health services and equipment.

She also differentiates between day hospitals and psychiatric day hospitals. The latter primarily serves the mentally ill person suffering from depression, confusion, anxiety or outbursts of temper and usually do not accept those who also require treatment of physical ills.[11]

The main thrust of day hospitals is physical rather than psychological or social except in the case of psychiatric day hospitals.

The purposes of geriatric day hospitals include: (1) earlier discharge of in-patients to the community, hastening their return to fuller function and reducing the number of beds required; (2) more successful discharge to the community, reducing the number of readmissions; and (3) maintaining frail elderly people in the community who need rehabilitative and other medical services on more than the usual out-patient basis. Another purpose is best stated in the words

of Brocklehurst (1970): "The day hospital adds lustre to the geriatric department and ... is a morale-booster for the whole service. By its outward-looking sense of hope, optimism and reablement, it provides a therapeutic atmosphere that bubbles over into the rest of the geriatric department. It allows doctors, nurses and therapists to accompany their patients back into the community and see the processes of rehabilitation completed."[12]

Pathy thinks of the day unit as a ward where patients are given sleeping-out passes. However, there seems to be no consensus among physicians as to what is the proper function of a geriatric day hospital, and as a result these units vary from little more than a social day center of adult cache to to an extended out-patient department. Many factors seem to influence policy-population density and its propinquity to the hospital; the personal views of the physician on what should be the functions of a day hosptial; the availability of other hospital services and staff to a department of geriatrics; and the quality and quantity of community services.[13]

B. Day Care Centers

Although geriatric day care centers are beginning to expand throughout the United States, there is much ambiguity about both their structure and function. A variety of definitions emerging from research and demonstration projects, technical assistance manuscripts, and federal and state guidelines have been applied to the concept. The following three definitions have been considered by Levindale:

(1) Geriatric day care provides a variety and combination of individualized medical, nursing, social and recreational services to aged persons who suffer from a degree of physical and/or psychological disability severe enough to make them potential candidates for institutional care. Despite these conditions, they attend the program during the day and return home at night to their place of residency in the community.[14]

(2) This is primarily a social program for frail, moderately handicapped, or slightly confused older persons who need care during the day for some part of the week. Some live alone and cannot completely care for themselves. Others seek day care services to relieve their families of the total responsibility of their care so that they may continue to live at home. Participants may continue in the program as long as they or their families wish and as long as no health risk is involved. The day care center program should ensure a pleasant and safe environment, supervision, activities, rest periods, and at least one nutritional meal daily. Although the staff does not provide health services as such, it should at least have First Aid Training and explicit arrangements should be made with both a physician and a hospital in case of accidents or medical emergencies.[15]

(3) Day Care is a program of services provided under health leaderhship in an ambulatory care setting for adults who do not require 24-hour institutional care and,yet, due to physical and/or mental impairment are not capable of full-time independenct living.

Participants are referred to the program by their attending physician or by some other appropriate source such as an institutional discharge planning program, a social service agency, etc. The essential elements of a day care program are directed toward meeting the health maintenance and restoration needs of participants. However, there are socialization elements in the program, which, by overcoming the isolation that is so often associated with illness in the aged and disabled, are considered vital for the purposes of fostering and maintaining the maximum possible state of health and well-being.[16]

C. Day Hospital vs. Day Center

Rathbone-McCuan provides us with an adequate discussion of the differences between both. The distinction made between the day hospital and day center is relevant to current debate in the United States about the medical versus social role. In Great Britain, these services operate on the same general principle to provide care to elderly persons with physical, mental, or social impairments on a day basis, with the patients maintaining their homes in the community and returning there in the evening. The major differences are in the auspices, staffing patterns, scope and variety of services, characteristics of patients served, and expected outcomes of treatment. Although a rather clear distinction has been made between the day hospital and the day center in practice the differences between these units tend to blur and the services tend to overlap. Table 1 summarizes the differences between the British day hospital and day center.

The day hospital is operated under the auspices of the Hospital

Authority (responsible for medical services). In general, day hospitals are closely associated with geriatric or general hospitals and have access to the medical facilities of these hospitals. The overall emphasis of the day hospital is on medical diagnosis, treatment, and rehabilitation. Thus, the day hospital is equipped for diagnosis or assessment of those patients who do not need to be admitted on an in-patient basis but cannot be adequately assessed as out-patients, as well as for medical and nursing treatment for any condition that does not require skilled care around the clock. Social interaction opportunities generally are considered not as a primary purpose of day hospital care but as a beneficial side-effect. The patient population of the day hospital is defined by the available services and functions. Patients are expected to benefit from medical treatment by resident physicians and to be amenable to rehabilitation or at least maintenance of functioning through active treatment. Thus, the day hospital is neither a custodian nor a holding center for patients.

Day centers, on the other hand, are operated under the auspices of local authorities (responsible for social welfare services) or voluntary organizations. The ratios of paid staff and volunteers to patients vary. The emphasis of the day center is on the provision of social stimulation of participants and it serves as a holding center with supervisory and custodial functions. Most day centers provide company, meals, bath, chiropody, and occupational therapy. Participants receive necessary medical care from their own physicians.

Center participants are supposed to be less likely to benefit from short-term rehabilitation and treatment. Attendance at the day center may continue for many months. James Farndale characterizes day center participants as "frail elderly" persons who are not able to maintain complete independence in the community or whose families need assistance in caring for them.

It can be seen from the definitions above that day hospitals and day centers are separate parts of a continuum of health care for geriatric patients. Several authors have suggested that an ideal relationship between the two forms of day care would be one in which a central day hospital could be served by several day centers. When day hospital patients improved to the point that they no longer needed medical treatment, they could be discharged to one of the day centers. There, they could receive the social stimulation and supervision necessary to maintain the level of functioning achieved in the day hospital. One reason for current retention of inappropriate patients in day hospitals is the lack of such coordinated services.

Although social day centers are available in only 55 percent of the areas surveyed by Brocklehurst, it is interesting to note that they were three times more common in areas served by a day hospital. In the areas where both existed, they seem to have developed together. Since discharge from a day hospital is made easier by the presence of a day center, it may be that the day hospitals created, or made more obvious, a demand for social care. The observation is supported by the author's experience in the United States.[17]

TABLE 1: CONCEPTUAL DISTINCTIONS BETWEEN THE BRITISH DAY HOSPITAL AND DAY CENTER

VARIABLES	DAY HOSPITAL	DAY CENTER
Auspices	Hospital authority closely associated with geriatric or general hospital	Local authority or voluntary organization
Staffing	Salaried professional staff & aides	Salaried or volunteer staff or combination - no professionals required
Service Emphasis	Medical	Social
Services	Diagnosis and evaluation; medical and nursing treatment; rehabilitation treatment (physical therapy, occupational therapy, speech therapy)	Social interaction, minimal supervision and custodial care, meals, bathing, occupational therapy at some centers
Patient Characteristics	More seriously disabled patients who do not need 24-hour skilled care and can benefit from active treatment	Less-seriously disabled patients in need of social stimulation and minimal supervision
Expected Patient Outcome	Rehabilitation to higher level of functioning	Maintenance at current level of functioning; prevention of deterioration
Location	Usually in long-term care hospitals	Old people's homes or free standing
Days of Operation	Five to seven days a week	Five to seven days a week
Cost to Patient	Usually none	Cost varies with locality

D. Day Care as a Long Term Care Service

Rathbone-McCuan indicates that during the past four years, the geriatric day care center has become increasingly important to policy makers, service providers, and researchers concerned with the demonstration and evaluation of the concepts. There has been an attempt to move in the direction of a rational plan for introducing the concept in the United States. At the federal government level, three particular agencies within the former Department of Health, Education, and Welfare have assumed major leadership roles: the National Center for Health Services Research Division of Long-Term Care; the Administration on Aging, Office of Human Development; and the Medical Services Administration, Division of Long-Term Care, Social Rehabilitation Services. Even prior to the passage of P.L. 92-603 (Social Security Amendments of 1972), key individuals within these agencies were farsighted enough to work toward instituting a plan for select field experiments that would test the effectiveness and cost of geriatric day care center services. In addition, many other state and local governmental officials have worked actively to develop guidelines that could structure the expansion of day care services at the local level and eventually lead to the passage of legislation needed to support the delivery of these services nationally as part of the spectrum of health-social services for the aged.

Geriatric day care is a broad concept that applies to any service provided during the day. It encompasses many types of services ranging from home care to day hospital. It has been implemented

for nutritional, recreational, social, and health programs, and is an increasingly popular means of providing services to older people.

Many taxonomies have been proposed for day care services. While these are helpful conceptually, they should not prevent flexibility for participants' needs and adaptability to local community needs. Philip G. Weiler and Eloise Rathbone-McCuan prefer to break down the major service modalities concerned with day care centers as shown in Table 2.

Day care is a unique service modality because it can meet the long-term needs of those seeking service while also taking into account individual differences. It differs from out-patient services and senior centers in several important aspects: services are tailored specifically for each participant; each service has a theraputic objective -- prevention, maintenance, or rehabilitation; each day is planned for each individual and activities are not chosen at random by the participant (as is the case in many senior centers).

Among the candidates for day care are people who are living alone and cannot completely care for themselves, people who are living with others who need relief from the total responsibility of their care, and people discharged from an institutional setting. They require services oriented to prevention of illness, maintenance, rehabilitation, and restoration of health, and social contacts to overcome the isolation associated with illness and disability.

Day care service is delivered on three levels: individual, center, and the broader care continuum. It is from these levels that

the day care center delivery system will be analyzed in the following chapters. The levels provide independent but related perspectives that are useful in the planning, implementation, and evaluation of day care centers. No perspective is better or worse; they are applied according to professional orientation and special uses concerning day care.

The individual perspective stresses the participant's experiences and permits consideration of his or her position in relation to personal care, planning, service impact, and staff and family interactions. For example, most day care centers designate socialization as one major service goal. However, since socialization involves an individual social interaction through social roles influenced by other people, one must assume an individual perspective to evaluate the experience.

The center perspective encompasses the day care center as a whole and allows for consideration of the quality and quantity of service. It emphasizes administrative and policy issues that are important to all day care center operations. For example, some day care centers have been established to provide an alternative to long-term institutional care, and cost-effectiveness is a major concern. To determine cost-effectiveness, one must consider the entire service operation.

The care continuum perspective approaches day care as part of a larger array of services and emphasizes planning, coordination, and community resources. For example, to determine if a center is required

TABLE 2 GERIATRIC DAY SERVICES

MODALITY	MAJOR SERVICE OBJECTIVE	TYPE OF CLIENT	SERVICE SETTING
Day Hospital	To provide daily medical care and supervision to help the individual regain an optimal level of health following an acute illness	Individual is in active phase of recovering from an acute illness, no longer requiring intense medical intervention on a periodic basis	Extended care facility or hospital
Social/ health center	To provide health care resources when required to chronically impaired individuals	Individual has chronic physical illness or disabilities; condition does not require daily medical intervention but does require nursing and other health supports	Long-term care institution or free standing center
Psychosocial center	To provide protective or transitional environment that assists the individual in dealing with multiple problems of daily coping	Individual has a history of psychiatric disorder; could reactivate and/ or suffer from mental deterioration (organic or functional) that places him in danger if he is not closely supervised	Psychiatric institution or free standing center
Social center	To provide appropriate socialization services	Individual's social functioning has regressed to the point where, without formal, organized social stimuli, overall capacity for independent functioning would not be possible	Specialized senior citizen center

for a particular at-risk group, one must review the current array of a community's long-term care services to avoid duplication and to anticipate the possible links between the center and other services. Successful planning also requires an examination of what groups currently are and are not being served.[18]

Since 1965 and the advent of Medicare and Medicaid, the number of nursing homes for the elderly in the United States has grown phenomenonally. Nursing homes have provided full time, long-term care for chronically ill and disabled older people whose illnesses have prevented them from being cared for at home. While only approximately 5 percent of the nation's million elderly are in institutions on any given day, one out of five aged people will spend at least some time in a nursing home during his/her later years. Older people are often placed in nursing homes for want of less comprehensive alternatives. Many specialists in the field of long-term care, including nursing home administrators, now see a pressing need to develop a a fuller range of alternative models of care which would provide a level of service less inclusive than that of a long-term care institution. Such services would provide a way of accomodating those elderly who are not sufficiently disabled or intellectually impaired to really need full time care in a traditional nursing home environment. Gustafson indicates that there may be resistance to day care for the aged by some people with an interest in long-term care. The availability of day care will reduce the percentage of the aged population which will use long-term care beds. In the United Kingdom, where the goal is to keep

the aged in the community and out of beds, the government maintains only 1.5 long-term care beds per thousand persons over 65. In the USA, we have 5 to 8 beds per thousand elderly persons (Hearings, 1971). This is what a strong day-care system combined with well-developed supportive services in the community can do. Only 1 percent of the population over 65 in the United Kingdom lives in long-term care facilities. In the USA, 5 percent are in long-term care institutions (Hearings, 1971). Because the population of the aging is growing, existing LTC beds will be filled and more. But there will be less need for them as day care becomes a wide-spread part of our health care system. On the other hand, day care will be a valuable service which will eventually be adequately financed, an important step in the right direction along the difficult path of caring for the many needs of the many aged people in our communities. (Gustafson, 1974).[19]

Abel provides another perspective as to the role of day care centers as an alternative to institutionalization. She indicates that there is a desire in the nation to forestall the tragedy of alienation in an institution to help people retain their independence by providing them alternatives to institutionalization. A recent report from the subcommittee on health and long-term care of the House Select Committee on Aging urges that "nursing homes be encouraged to provide alternative day modes so that the elderly individual can see the entire continuum of care available to him in the same location, so as not to become unnecessarily accustomed to remaining in the institution and so that a possible transfer back home can be accomplished by continuing

health care with which the patient feels comfortable." What is the place of the institution in this process? Charges like Rep. Claude Pepper's (D., Fla.) of "institutional bias" in federal funding may strike terror in the hearts of the administrators of the nation's institutions, but in each of three programs recently examined by MODERN HEALTHCARE, the institution is at the heart of the de-institutionalizaing process. (Abel, 1976).[20]

However, Kane reflects a careful view of the role of the day care centers as an alternative to institutionalization. He suggests that before we can define our goals, we must know more about where we want to go. We offer the following recommendations as next steps toward clarifying these goals. These recommendations are addressed broadly to both those who would undertake the tasks and those who would commission them. (1) A clear delineation of the alternative mechanisms to provide long-term care must be developed with a common vocabulary and a consensus as to measures of the outcomes, target populations, and costs that will be considered. (2) Preliminary decision analysis strategies should be utilized to evaluate the most feasible routes toward dealing with subsets of the population. Decision analysis will necessitate a clarification and specification of what types of outcomes we wish to maximize and how these different outcomes should be weighed relative to each other. The repertoire of outcomes should be broad enough to encompass socially desirable ends such as happiness and quality of life as well as the more usually considered elements such as functional status and costs. (3) Methodological

issues in measuring health status of the elderly must be clarified; these include testing the validity and reliability of self-report and the predictive as well as face validity of the measures. (4) Specific research should be directed toward developing the concept of common units of service so that costs can be compared across differing programs (e.g., a refinement of the work described by Maddox and Dellinder, 1978). This research should place particular emphasis on assessing the context in which such service units are delivered. (5) The emphasis on developing alternatives to nursing homes should not obscure the need for careful study of the cost-effectiveness of various strategies within given alternatives (e.g., day care, home health, sheltered housing.) (6) The enthusiasm for alternatives should not detract from the need to improve institutional care. A finite proportion of the elderly will continue to need care in such institutions, either as a prelude to reentering the community as a strategy of choice. The need for careful targeting of institutional programs to subgroups of clients is crucial. In this regard, attention should be given to determining the best institution-based technology for serving extremely disoriented individuals. (7) More attention should be given to the potential role of sheltered housing as an efficient and highly satisfying mode of delivering service. If priorities are given to the study of different kinds of alternatives, the sheltered housing concept seems to merit the highest consideration. (8) To aid in the development of appropriate alternatives, further research must be conducted around the abilities of different family groups to provide

care for the elderly. Here we must distinguish between physical care in the home of the relative, physical care in the home of the aged person, and emotional support. (9) On the other side of the coin, the process of deinstitutionalization especially in early phases, merits careful descriptive study. If it becomes a matter of policy to remove individuals from institutions to alternative arrangements, records should be kept of the kind of alternatives implemented and their outcomes at various time intervals. Follow-up of representative samples of those discharges is important to provide a minimum data base about the effects of deinstitutionalization policies in terms of the outcome measurements -- health status, happiness, etc. -- that have been developed. Here we would wish not to replicate the problem of mental health organizations which implemented de-institutionalization programs but did not determine what happened to the individuals discharged. (10) New methods of financing and developing incentives for providers to use technology must be considered. Emphasis here should be placed on reimbursing providers on the basis of the outcomes achieved (Kane & Kane, 1976). Such a comparison would require the development of adequate predictors of function for either individual clients or well-defined subgroups of clients. (11) Professional education of physicians, nurses, social workers and other service providers should be augmented to include sufficient information on aging and the needs of the aged to allow these professionals to function effectively as both providers of care and brokers at those critical times when decisions about institutional placement are made. (Kane, 1980)[21]

Robins[22] indicates that many communities searching for a way of describing, limiting or defining their adult day care programs have used the "models" concept. Providers have tended to use the "models" category or to have a "models" label assigned to their programs in order to indicate primary service emphasis, target populations and/or service combinations provided. As third party reimbursement became available, the "health" or "restorative" model became identified with Medicaid reimbursement, and the "social" model became identified with Title XX support. Increasingly, however, the differences are blurred. The 1980 Adult Day Care Directory classifies the programs as follows:

* Restorative programs are those offering intensive health-supportive services prescribed in individual care plans for each participant. Where prescribed, therapeutic services are provided on a one-to-one basis by certified specialists with constant health monitoring and provision of a therapeutic activities program.
* Maintenance programs are those with the capability (in terms of health professionals on the staff and appropriate equipment) to carry out a care plan for each participant based on recommendations from the personal physician (or clinic) and developed by the multidisciplinary program team. Services provided include health monitoring, supervised therapeutic

individual and/or group activities, and psychosocial services.

* Social programs show wide variations in nature and scope. Some social programs place great stress on health maintenance, with nursing services an integral part of the total program: other social programs create formal linkages with local clinics or health departments and transport participants to needed services; still other programs are concerned solely with socialization and lunches.

Should there be distinct program models, or is it preferable to have a single program serving varying levels of need? Because of the changing levels of need of many participants, a growing number of authorities point to broad-based programs. This is in an area worth investigating.

Zaki[23] in his study suggested the following recommendations:

1. Day care centers should not be considered as an alternative to institutional care. They are part of the wide spectrum of services offered to the elderly. There is a danger of comparing day care centers with institutions for the elderly. Both have their place in the field and both are necessary. The problem is that we failed to fill in the gap between institutions and the community.

2. If we accept the first premise, then, it is absurd to conduct cost analysis study for the purpose of comparing the cost of day care centers with the cost of in-patient institutions. Neither should be compared with the other, since each has its own distinct function in the wide spectrum of services for the elderly. However, with the advent of day care centers some of the inappropriately institutionalized elderly will be able to reside within the community and be served by day care centers which are less costly than in-patient institutions.
3. Day Care Centers should utilize all resources in the community to serve their participants; i.e., mental health clinic, adult education agencies, recreational institutions, volunteers, state hospitals, etc. An excellent example is demonstrated by the Geriatric Day Care Center of Elgin, Illinois. The Elgin State Hospital donates 30 hours per week of consultant services, 5 hours from a psychologist, 5 hours from an Activity Therapist, and 10 hours from nursing.
4. Home bound services (out reach) are vital to the survival of day care centers. Services offered to the clients should not be limited to the activities conducted at the premises. The ideal situation is when the center extends its services 24-hours per

day regardless where the participant is located. As a principle, day care centers should avoid developing institutional patterns of rendering services. They have to cater their services according to the individuals' needs and interests.

5. The main function of day care centers should be the development of a therapeutic and supportive milieu for the participants. The staff should be trained in therapeutic interaction, counseling and group dynamics.

6. The role of the State AoA offices relevant to day care centers should be as follows:

   a. Promotion of the concept by educating the public and soical agencies as to the possibilities of establishing day care centers.

   b. Allocation of funds

   c. Training of staff

   d. Research and evaluation of programs

   e. Licensing and supervision

   f. Coordination of different services related to day care centers; i.e., transportation, meals, recreational programs, etc.

CHAPTER IV

THE ROLE OF THE COUNSELOR AND THE NEED FOR COUNSELING IN DAY CARE CENTERS

1. Definition of Counseling
2. Counseling the Adult
3. Counseling the Families of the Adult

1. Definition of Counseling

A service which is widely growing in our society today is that of counseling. In reviewing many various definitions of counseling the most appropriate definition is described as helping an individual through a counselor/client relationship, which is necessary to become more fully aware of himself and the ways in which he is responding to the influences in his environment. It further assists him to establish some personal meaning for this behavior to develop and clarify a set of goals and rules for future behavior.[24]

Old age, perhaps more than any other stage of life, is a time of problems. Many of the problems encountered by older people are similar to those of younger adults: family and peer relationships, physical illness, financial and living conditions. Others, such as distress of retirement or the death of a spouse are more characteristics of later life. In any event, the depression, anxiety, grief, loneliness, dissatisfaction, and lack of self respect felt by many young and middle aged individuals are also experienced by the elderly.

How older people handle or cope with their problems is as much a matter of subjective perceptions as it is objective reality. Thus, almost all the elderly experience anxiety, but by virtue of a better self-concept and more optimistic outlook, some are able to manage their anxieties while others are devastated by them. All older people who have problems do not require the assistance of professional counselors. Most, by themselves or with the help of family members and friends,

are quite successful in coping with the losses and changes of old age. However, others need counseling or psychotherapy to assist them in dealing with life's vicissitude and in finding satisfaction or contentment.[25] Aiken indicates that counseling is not restricted to anyone profession; psychiatrists, psychologists, social workers, nurses, ministers, teachers, and many non- or paraprofessional persons do counseling. However, the practice of psychotherapy for the treatment for more serious personality disorders is usually limited to psychiatrists and clinical psychologists.

Counseling then is considered to be an integral dimension of the wide spectrum of services for the elderly. Counseling can be provided either in community settings or where elderly people reside such as a nursing home or similar institution. It is important to acknowledge the fact that counseling cannot be conducted without prior training for those who are practicing it. Regardless of their profession, there are certain skills and techniques which should be acquired to make the counseling process effective.

2. Counseling the Adult

Counseling is a service which may be needed by many elderly. These adults are faced with various stressful changes in their lives through aging. Such events are losses through retirement, loss of friends, loss of a spouse, loneliness, and physical decline to name a few. These losses have a contributing effect on their mental, emotional, and psychological well-being such as: (1) the death of a family member, spouse, or friend, which can cause very severe

emotional loss; (2) retirement, which can cause the loss of planned, useful activities and affects prestige, creative satisfaction, social relationships, self-respect and income.[26]

A counselor can help a client explore his feelings of loss, grief, and anxiety. Also, the counselor can help the client cope with these feelings and assist him/her to find direction and plan for his/her life (This is especially necessary in the death of a spouse). The counselor can also set up groups for widows or widowers where the group members can share through a close relationship their feelings of grief, loss, and anxiety, and become a means of support for each other.

3. Counseling the Families of the Adult

Just as the elderly are faced with stressful changes in their lives, so are their families. The role of the counselor is extremely important. As the aged family member gradually loses his/her capacity for independent function, other family members, succeeding generations, become involved in providing support.[27] Families faced with the change in life still neeed external support so they might be able to cope with the situation. This support may be in a variety of ways such as financial aid, but more important, is the emotional support. In order for the family to be able to give substantial amounts of support to the elderly, they need to have positive feelings over decisions which they have to make. Guilt feelings are very common among children of aging parents. Families need to have counseling services available to them to cope with such feelings.

Another role the counselor may perform is to facilitate group sessions for the families of aging adults. In these groups, families may share different experiences and feelings and become a means of support for each other under the guidance of the counselor.

CHAPTER V

ANALYSIS AND INTERPRETATION

- Affiliation
- History of Day Care Centers
- Development of Day Care Centers
- Daily Hours of Operation
- Average Yearly Budget
- Individual Rates for Day Care Centers
- Distribution of Budget Allocations
- Client Registration at Centers
- Client Capacity at Center
- Average Daily Census

GENERAL CHARACTERISTICS OF CENTERS

Affiliation

The majority (38%) of the centers are free standing; while the rest are either part of a nursing home (15.79%), a community center (9.7%),hospitals (9%), and others (27.6%). Examples of the last category include spin-off of multipurpose centers, senior adult living, social day care centers, children day care centers, retirement homes and churches.

The affiliation and location of day care centers are of importance since they have an impact on the structure and functions of these centers. The location and affiliation would reflect the model of services offered in the day care center as well as the type of staffing of those centers. The philosophy of the centers is affected by their affiliation and location. As an example, some of the directors of the day care centers affiliated with nursing homes indicated the negative connotation of being attached to a nursing home. Most of the clients are not comfortable with the idea of being part of a day care center attached to a nursing home. The staffing of the day care centers also is affected if the center is part of a medical agency,usually the staffing and the functions of the center would be of medical nature. If the center is affiliated with a psychosocial service agency, the service, structure, and the functions of the center usually would be within that model.

It also seems logical that free standing day care centers may have independent identities which may provide an opportunity for experimentation and innovation. The authors feel that throughout the study this variable became a very important one in understanding

the structure and functions of day care centers in general.

History of Day Care Centers

The majority (36.9%) of day care centers were established in 1974-1978. Only 18.4% have been established between 1978 and the present time. The rest (24.8%) of the centers have been in existence for over ten years. It seems logical to relate the deinstitutionalization process advocated during the Seventies to the flourishing of development of day care centers. The budget cuts and lack of financial support to new projects in the late Seventies and early Eighties might be responsible for the decline of the establishment of new centers.

Another factor which might explain the rapid development of day care centers during the Seventies is the conviction of some to establish them as an alternative to institutionalization. however, Weissert questioned the viability of considering day care centers as alternatives to institutionalization and suggested that they may be considered as an add-on service to the wide spectrum of services offered to the elderly.[28]

Development of Day Care Centers

The majority (42%) of the centers were developed as an initiative of individuals or organizations in the community. A felt need and/or legislation by cities or states have helped the development of 40.5% of the day care centers; while the rest (17.4%) were for other reasons and initiatives, e.g., extension to a nursing home, utilization of a ward in a hospital, etc.

Daily Hours of Operation

The majority (75%) of the centers operate 7 or more hours a day; while 19.1% operate for only 6 hours per day, and the rest (6.9%) operate for five hours per day. The mean hours of operation is 6.47 and the median is six.

This poses the question of the viability of the services offered by day care centers. It seems that day care centers operate on the assumption that the needs of the participants can be fulfilled during six hours a day for those who attend daily. However, the study also indicated that the average attendance of the participants is 2.4 days per week. It is questionable that the needs of the participants are fulfilled during this short period of time.

Average Yearly Budget

The majority (30.2%) of the centers have yearly budgets of $100,000 - $150,000; 29.3% of the centers have a budget ranging from $50,000 - $100,000 a year, while 12% have a budget of less than $50,000 a year. The rest (27%) of the centers have budgets over $150,000 a year, with the majority (12%) of those centers between $200,000 and $300,000 a year.

Individual Rates for Day Care Centers

The majority (46.4% of the centers use sliding scales; while 26.4% use flat fees. The rest (27.2%) use different methods or a combination of both.

At the time the data was collected, the majority (24.8%) of the centers charged $15 - $19 per day; 21.9% of the centers

charged $10 - $14 per day; the same percentage charged between $20 - $24 per day, while 9.5% of the centers charged over $30 per day. The mean of daily charges among all the centers is $21.50 per day, and the median is $20 per day. A very small percentage of the centers (3.8%) do not charge fees at all.

Distribution of Budget Allocations

The majority (79%) of the centers indicated that they spend between 50% - 80% of their budget on personnel. This indicates that the overhead charges for personnel is the largest item in their budget. The same percentage of centers indicated that they allocate less than 15% to be spent on capital.

Client Registration at Centers

The majority (36.8%) of the centers reported the number of their registered clients between 20 - 40, while 27.1% indicated that they had between 60 - 100 registered clients. Only 13.6% reported 20 or fewer clients. The mean number of clients registered in all centers is 45.15 and the median is 35.57.

Client Capacity at Center

Over one-third (36.6%) of the centers indicated that their capacity range is from 20 - 30 clients; while 32.9% indicated that their capacity ranged from 30 - 50 clients per day. The mean capacity for all centers is 32.72 and the median is 38.37.

Average Daily Census

The majority (62.6%) of the centers indicated that their

average daily census ranged from 10 - 30 clients; while 18.8% indicated that their daily average is 30 - 40 clients. Only one center indicated that their daily census is over 100 clients per day.

Summary

1. Affiliation of centers seems to be an important variable in determining the basic structure and functions of day care centers. The location and affiliation also reflect the model of services offered in the day care centersas well as the type of staffing of those centers.
2. The average attendance of the participants is 2 - 4 days per week for 6.47 hours per day, with total number of 15.5 hours per week per participant, to which he/she is charged $51.60 in average.
3. The results indicate that the average number of registered participants (45) exceeds the average client capacity (32). However, the participants attend only 2.4 days per week in average, which implies that only almost half (50%) of the registered participants, constitute the daily census (22.5). In general, the data suggests that there is a degree of under utilization (the difference between the mean capacity (32) and the mean daily census (22.5).

STAFFING

Directors

The majority (84.8%) of the centers indicated that they have full-time directors; while 15.2% have part time directors. The educational qualifications of the directors, as reported by the centers, indicated that 33.9% of all directors hold a Bachelor's Degree in Arts and Sciences; while 14% hold a Master's Degree in Social Work, and 13.9% are R.N.'s. Others (18.3%) reported that they have a Master's Degree in Education or Arts and Sciences. The rest (19.1%) have less than a Bachelor's Degree and/or have other experiences in the field and hold diplomas or certificates.

Assistant Directors

Only 36.3% of the centers have assistant directors. The data indicated that 32.7% of them hold a Bachelor's Degree in Arts and Sciences, while 18.4% hold a Master's Degree in Social Work, and 18.3% are R.N.'s. The rest (33.6%) have different educational backgrounds and experiences and/or less than a Bachelor's Degree. The majority (72.4%) of these assistant directors are full-time employees; while 27.6% are part-time only.

Activity Directors

The majority (62.2%) of the centers have activity directors. The data indicated that 82% of those activity directors are full-time and the rest are part-time only. The data further indicated that 42.9% of these activity directors hold a Bachelor's of Arts and Science Degree; while 6% hold a Master's Degree in Social Work, and 7.2% are either R.N.'s or L.P.N.'s. The rest (44%) hold different educational experiences less than a Bachelor's Degree.

Health Directors or Nurses

The majority (60%) of the centers reported that they have health directors or nurses on their staff to provide health services to the clients. The data indicated that 54.7% of them are employed full-time; while the rest are part-time.

Social Workers

According to the data, only 40% of the centers reported that they have a social worker on staff. The majority (64%) of those social workers are full-time, while the rest (36%) are part-time employees. The data further indicated that 54.7% of those social workers hold a Master's Degree in Social Work, while 34% hold a Bachelor's Degree. The rest have less than a Bachelor's Degree.

Auxiliary Staff

The majority (59%) of the centers reported having auxiliary staff such as clerks, aides, drivers, and in some instances, cooks. The rest of the centers have either some auxiliary staff and/or volunteers to offer certain services to the clients.

Summary

Staffing patterns depend on the affiliation, structure and functions of the Centers. There is no single prevailing pattern for staffing; academic background,experience, structure, functions, etc. More research is needed to identify a prototype to be used as basic pattern for existing and future centers.

GENERAL CHARACTERISTICS OF THE CLIENTS

Living Conditions

The majority of the centers (88.2%) reported that less than 40% of their clients lived with their spouses. The rest (11.8%) of the centers indicated that over 50% of their clients live with their spouses. The mean, according to the data, is 25% of the clients are living with their spouses and the median is 23%.

The majority (65.1) of the centers indicated that less than 40% of their clients are living with their children; while 71.6% indicated that less than 20% of their clients live with relatives. The mean percentage of clients living with children is 34.7% and the median is 29%. For those living with relatives, the mean percentage is 2.9% and the median is 11.3%.

The smallest amount of clients are living with friends. Only 99.9% of the centers reported that fewer than 10% lived with friends. The mean percentage is 7.1% and the median is 5.3%. The data indicates that 31.6% of the centers have 10 - 30% of their clients living alone, 21% of the centers have 30 - 50% also living alone, 12.2% of the centers have over 80% of their clients living alone. The mean is 36.3% of clients live alone.

According to the data, very few clients live in institutions while attending day care centers. The majority (56.8%) of the centers reported less than 10% of their clients live in institutions; while 27.2% of the centers reported between 10% - 20% of their clients are living in institutions.

Criteria of Enrollment of Clients

The centers were asked to indicate their criteria of acceptance or rejection of clients according to their health status, physical and mental.

a. Incontinence

According to the data, 61.8% of the centers will accept clients with incontinence ranging from very mild to very severe; with 51.2% only accepting mild or very mild cases. The rest (38.4%) of the centers do not accept incontinent patients.

b. Suicidal Tendencies

The majority (55.3%) of the centers reported that they do accept clients who have suicidal tendencies ranging from very mild to very severe. The rest (43.9%) of the centers reported that they do not accept suicidal clients.

c. Handicapped Clients

The results indicated that the majority (69.6%) of the centers would accept severe and very severe cases of handicapped clients. However, 12.3% of the centers do not accept handicapped clients. The majority (82.4%) of the centers accept clients with a severe or very severe need for a walker.

d. Alcoholism

The results indicated that 30.69% of the centers would not accept clients afflicted with alcoholism regardless of the degree or severity of the problem. However, 43.9%

of the centers accept cases of mild alcoholism, while 17.4% accept clients with a severe to very severe alcoholic problem.

e. Depression

The majority (91.9%) of the centers accept clients whose depression ranges from mild to very severe. Only 1.6% of the centers would not accept the depressed clients.

f. Disorientation

The majority (89.6%) of the centers accept clients who are mildly to very severely disoriented. Only 3.2% of the centers do not accept disoriented clients.

g. Schizophrenia

Centers were asked if clients have been confirmed as schizophrenic, what would be the criteria for acceptance. The majority (66.7%) of the centers reported that they accept clients who are mildy to severely schizophrenic; while 26% do not accept schizophrenic elderly at all. Also, if the clients are confirmed paranoid, 59.5% of the centers would accept them if their case ranges from mild to severely paranoid. However, 19% of the centers refused such clients.

h. Alzheimer's disease

The data indicated that only 19% of the centers would accept very severe cases of Alzheimer's disease and 62% of the centers would accept cases from mild to severe.

However, 17.6% would not accept these cases at all.

i. Other Mental Disorders

The majority (65.3%) of the centers reported that they accept cases with mild and severe mental disorders, while 15.3% of the centers would not accept them at all.

j. Abusive Behavior

The majority (49.6%) of the centers reported that they would not accept clients with abusive behavior, while 27.4% would accept these cases if they had very mild abusive behavior; 12% would accept mild abusive behavior, and 10% would accept severe and very severe clients with abusive behavior.

Summary

The criteria for admission of clients in day care centers vary among these centers. If day care centers are for serving the mildly frail and frail elderly who are not eligible for institutionalization, then it stands to reason that the criteria of admission should allow for their conditions. The results indicate that many of the centers do not allow clients to be admitted due to their physical or mental problems, even though these problems do not require institutionalization.

It seems that the criteria of admission are developed according to the facilities available. The problem then is what facilities should exist in day care centers?

The results of the study indicate that there are no guidelines to identify the basic structure and functions of day care centers.

This creates a problem in not only the development of new centers but also in the evaluation of the new ones.

Some states which provide third party payment thru Medicaid have developed guidelines for the purpose of reimbursement. However, these guidelines are inadequate in providing a clear definition of the structure and services of these centers.

SERVICES OF CENTERS

The centers were asked to indicate the services offered to the client. The following are the results achieved:

Physical Therapy

The results indicated that 45.3% always provided physical therapy; while 30.5% provided it sometimes. The rest (25%) of the centers do not provide this service at all. The results further indicated that of the centers which provided physical therapy, 54% of them provided it through the staff of the centers; while 29% arranged for a physical therapist from the community to provide the service. The rest (17%) indicated that it is the responsibility of the client and the family to provide this service through a community agency.

Occupational Therapy

The results indicated that half (50%) of the centers always provided occupational therapy to their clients, while 25% only provided this service sometimes. The rest (25%) of the centers either provided it rarely or not at all. The results also indicated that of the centers which provided occupational therapy, 70% provided it through the staff of the centers, while 17% of the centers referred these clients to community agencies. On the other hand, 8% of the centers indicated that this is the client's responsibility, not the center's.

Tax Help

The results indicated that only 54.6% of the centers offer tax help to their clients all the time, while 30% indicated

that they may offer this service sometimes, but nearly one-third (32%) of the centers do not provide this service. The results also indicated that of those centers which provided tax help, 34.2% reported that their staff performed this service, while 36% referred them to community agencies. However, 17% indicated that this is the responsibility of the client, not the responsibility of the center.

Legal Help

The results indicated that almost one-third (33%) of the centers reported that they provide such services to the clients all the time, while 31% indicated that they may provide the service sometimes. The rest (36%) of the centers indicated that it is the responsibility of the clients. If this service is offered, 26.4% of the centers indicated that the help is provided by the staff of the center, while 56% indicated that this service is offered by community agencies.

Optometry and Podiatry

The results indicated that almost one-third (33%) of the centers reported that they always provide optometric services all the time, and one-third (33%) of the centers reported that they may offer it sometimes. The rest (33%) indicated that it is the client's responsibility.

The results indicated that 43% of the centers always provide a podiatrist, while 23% of the centers indicated that they may offer this service sometimes. The rest (24%) indicated that it is the responsibility of the client.

Transportation

The results indicated that when the centers were asked about transportation services for their clients for shopping, 37.2% of the centers always provide such services, while 28.7% reported that they may provide this service sometimes. The rest (35%) do not provide it at all. If transportation is needed for doctors' appointments, only 37% of the centers indicated that they always offer this service, while 32% may offer this service sometimes. The rest (30%) do not offer it at all. If transportation is needed for recreational activities, only 70% of the centers indicated that they may provide this service sometimes. The rest (30%) do not provide it at all.

SERVICES FOR CLIENTS WHO ARE LIVING ALONE

One of the areas which was of interest to the authors was the services offered by day care centers to clients living alone.

Emergency Telephone Reassurance

The centers were asked if they have provisions for emergency telephone reassurance services for their clients living alone. The results indicated that only 42.5% of the centers provide such services. However, 30.7% indicated that they provide this service through a community agency. The rest (27%) of the centers indicated that such services are the responsibility of the clients themselves.

Weekend and Holiday Meals

The results indicated that only 15.9% of the centers provided weekend meals directly to the clients. The majority (71.4%) of the centers reported that the centers arrange for meals for their clients either through a community agency or other source. However, 12% of the centers felt that the clients should make arrangements for their weekend meals. When the centers were asked about holiday meals when the centers are closed, only 17% of the centers provided the meals for their clients during holidays. However, 33.6% of the centers arranged for holiday meals with community agencies. Furthermore, almost half of the centers responded that the arrangements are done either by the clients or some community agency.

Living Conditions

When the centers were asked about whether they checked on the

living conditions of the clients living alone, 48% of the centers reported that they arrange for checking on living conditions by the center's staff. Almost one-third of the centers arrange this service through community agencies, while 20% of the centers indicated that this is done through the client resources or other means.

House Chores

The centers were asked to identify the services offered to their clients living alone in the areas of shopping, laundry, transportation, cleaning, and cooking. The results indicated that 45.7% of the centers do the shopping for their clients living alone, 10.9% of the centers indicated that they make arrangements with community agencies, while the rest (39%) indicated that it is the responsibility of the client. For laundry, 41.3% of the centers reported that they provide arrangements for laundry services through community agencies, while 31% of the centers offer this as a direct service through the centers. The rest (28%) indicated that it is the client's responsibility to arrange for this service. When the centers were asked about who would help the clients to do the house cleaning and cooking, 27.6% of the centers directly provide house cleaning assistance, while 50% make arrangements with community agencies to provide such services. The rest (27%) indicated that it is the responsibility of the client.

Summary

The results indicate that the services offered to the clients thru the centers vary considerably among these centers. Lack of standards of minimum services to be offered through the centers is obvious. We should move away from the narrow perception of providing services whenever available. A basic philosophy should be established which recognizes the needs of the serviced clients by this type of institution. Also, such a philosophy should take into consideration the whole individual not, as it seems to be now, one segment of the individual, namely, client. If day care centers are to be an integral part of the long term care services network, their functions have to be clearly defined.

The basic assumption underlying long term care is that the supportive system, formal or informal, has to deal with all dimensions and aspects of the individual so he/she may sustain life. Day care centers as an integral part of the long term care system should adopt the same assumption. If services are not available at the centers, it should be the responsibility of these centers to identify the resources in the community where such services can be offered.

Clients living alone are an example of the inadequacy of the system. Basic services, e.g., meals during holidays,house chores, etc. are not provided by many centers, or even recognized as needs to be met. The 24 hours care system should be the guiding principle for day care centers. This does not imply that they have to provide <u>all</u> necessary services, but to be sure that they are available to their clients.

SERVICES FOR FAMILIES OF CLIENTS

The centers were asked what kind of services are offered if the family care provider is ill. Only 28.8% of the centers indicated that they offer direct help to the client and his/her family; while 41.6% would refer the case to other agencies. Almost one-third (30%) of the centers do not offer any service.

The centers were asked if the families' income is decreased or somehow lossed, what services are available for their clients. Only 12% of the centers indicated that they would reduce the fees for their clients. The rest (76.9%) of the centers indicated that they would refer them to other agencies, and 10.2% would refer them to Medicaid.

The centers were asked if the situation occurs that the family of the client needs to leave the area temporarily, what services would be availabe for the clients and their families. Only 19.3% of the centers indicated that they offer direct service to the families and their clients during that period of time when the family is away; while 56% indicated that they would refer them to some other agency. However, 16.8% of the centers do not offer direct services.

The study requested some information from the centers about the services they may offer in case of loss of main care provider in the client's family. Only 16.4% of the centers provide a direct service to their clients in such cases; while 50% indicated that they would refer the clients and their families to other agencies. The centers which do not offer any direct services amounted to 23% of all centers.

COUNSELING SERVICES IN DAY CARE CENTERS

One of the main objectives of this study is to identify counseling services offered to clients and their families by day care centers. The concept of coun s e ling here is not confined to therapeutic counseling but also counseling conducted by different professionals in the social services and health fields. For that purpose, the centers were asked many questions about counseling services from pre-admission to discharge. A large portion (48.2%) of the centers indicated that they offer individual and group counseling. Informal counseling is provided by 28.9% with 10% offering support groups to the families, and 9.6% referring to outside agencies. When centers were asked in general who conducted the counseling, over half of the counselors hold an B.A. degree or B.S.W., 33% are M.S.W.'s; while 16% are from fields other than counseling. Also, the majority (89%) of the centers indicated that counseling is provided by their staff. The remaining 10.2% refer their clients to mental health clinics or to social workers. Only 23.6% of the centers provide counseling on a routine basis; while 70.83% provide it only when necessary.

1. Pre-admission Counseling

The results indicated that only 67.7% of the centers offer some type of informal counseling for the families and the clients prior to admission. The rest of the centers (32%) do not offer such service. Usually this service is offered by the staff of the center.

2. Post-admission Counseling

a. Counseling for Physically Impaired Clients

The majority (89.5%) of the centers provide special

counseling for the physically impaired. This counseling service is conducted by the staff of the center regardless of their professional background; B.A.'s or B.S.W.'s, 28.9%; M.S.W.'s, 39.5%; R.N.'s or L.P.N.'s, 23.7%. The rest are from different educational backgrounds. The results also indicated that 85.5% of the centers reported that the staff of the centers perform these counseling services. The rest (14%) of the centers refer the clients to outside agencies. The services offered for families of physically impaired clients are almost the same as services offered to the clients themselves.

b. Counseling for Psychosocial Problems

The majority (77.4%) of the centers provide counseling for clients having psychosocial problems to help them to cope with these problems. Again, depending on the staffing patterns in these centers, the staff of these centers provide this service regardless of their professional background. The majority (71.38%) indicated that the counseling services are conducted by their staff. When centers were asked about counseling services for the families of the clients who were facing psychosocial problems, the majority (81.7%) of the centers reported that they provide counseling services for the families of the clients; while the rest do not offer such services.

c. Support Groups for Families

The centers were asked to indicate if they offered any support groups for the families of the patients. The results indicated that 50.4% of these centers provide support groups. However, 48.9% do not offer such services. The support groups are led by the staff of the centers at the majority (80.6%) of the centers, while the rest are conducted by community agencies.

d. Counseling for Discharged Clients

According to the data, only 76% of the centers provide counseling services for discharged clients, while the rest do not offer such services for the clients or their families.

Summary

The results indicate that the counseling services are not as structured as other services offered by day care centers. The practice of professional counseling, it seems, is not confined to professionally qualified trained "counselors," those who acquired a graduate degree in: counseling, social work, and clinical psychology. It is expected that thru these professional programs, individuals acquire the necessary skills for counseling. However, the results indicate that counseling, if at all available, is conducted by staff who are not qualified to conduct it. This might be detrimental to the service offered.

CHAPTER VI

SUMMARY OF RESULTS AND RECOMMENDATIONS

SUMMARY AND RECOMMENDATIONS

Affiliation of Centers

The results of the Study indicated that the affiliation of centers seems to be an important variable in determining the basic structure and functions of day care centers. The location and affiliation also reflect the model of services offered in the day care centers. If the centers are affiliated with agencies which provide psychosocial services, the general tendency is that the focus of the day care centers will be of that nature. If the centers are affiliated with agencies providing medical services, then the main focus of the day care centers would follow pursuit. If the center is a free standing agency, the results indicated that usually the focus is a combination of both.

The general attitudes of the participants in these centers are also affected by their affiliation.

In one case, it was reported that there was lack of participants in the day care center due to the fact that it was attached to a nursing home. The clients do not feel comfortable with the idea of being part of a day care center attached to a nursing home. The services offered at nursing homes to a great extent are different from services offered at day care centers. It might be helpful, for bureaucratic convenience, to attach day care centers to existing institutions; however, as the Levindale experiment had proven to us, there should be total separation between the structure and functions of the mother agency and the day care center. In the Levindale experiment, the main premise was that since they had available staff, a ward, and facilities, it would be profitable to add a new service; day care centers. Later on,

they found out that the main premise was dysfunctional and also inoperative; thus they separated the staff and even the clients in their activities from the mother agency. It seems logical that free standing day care centers should have independent identities which may provide an opportunity for experimentation and renovation.[28]

Utilization

The results indicate that there is a great degree of under-utilization of day care centers in general. Some centers indicated that one of their problems was the recruitment of clients. The authors suggest that more research is needed in this area to assess the quality of services offered through day care centers and the need for these services within the long term care continuum. It seems that this research is necessary not only to identify the the type of services to be offered by these centers, but also how these services relate to the wide spectrum of services within the long term care model.

Hours of Operation

The results of the study indicate that day care centers operate an average of seven or more hours per day. While this might be adequate to provide necessary services for the clients during their stay at the center, which averages two to three days per week, still the authors believe that this is inadequate. The authors firmly believe that day care centers should have the responsibility of providing all the necessary services needed for the clients to sustain and maintain life in the community.

It is a fallacy that our institutions, especially day care centers, operate under the assumption that by providing the services while the clients are on the premises, that this would be adequate for their survival. The authors argue that day care centers' responsibility is to serve the clients 24 hours a day, not particularly in terms of direct services, but also indirect services which are vital, e.g., meals during holidays, crisis intervention, security, transportation needs, medical supervision, etc. Day care centers should be responsible for securing all the services for their clients directly or indirectly through other community agencies. The problem is compounded if clients are living alone (36.3% of all clients in day care centers are living alone). The 24 hours care system should be the guiding principle for day care centers. This does not imply that they have to provide all necessary services, but to be sure that they are available to the clients.

The basic assumption underlying long term care is that the supportive system, formal or informal, has to deal with all dimensions and aspects of the individual so he/she may sustain life. Day care centers, as an integral part of the long term care system should adopt the same assumption. If services are not available at the centers, it should be the responsibility of the centers to identify the resources in the community where such services can be offered.

Staffing

Staffing patterns vary considerably among centers, not only

in terms of their professional inclinations, but also their experience within the field. It seems important to identify a model which will provide day care centers with guidelines as to the acceptable patterns of staffing. Some states have already developed some guidelines for the minimum services to be provided, as well as for the minimum qualifications and number of staff to be employed in the centers.

Criteria for Admission

The criteria for admission of clients in day care centers vary among the states. The results indicate that many of the centers do not admit clients due to their physical or mental problems, even though these problems do not require institutionalization. It is essential to identify not only the type of services to be offered in day care centers, but also the criteria by which these services would be available for clients. The authors believe that day care centers should not be self-sufficient. Day care centers should utilize all community facilities and resources for serving their clients. If these services are unavailable within the community, then day care centers may develop them on the premises. If day care centers aim for self-sufficiency, the financial burden would be prohibitive. Day care centers should be considered as a catalyst, as an agency of intervention which helps individuals to maintain living within the community. The basic philosophy of day care centers should be to establish and reinforce a supportive system for individuals so that they can maintain living in the community.

Services for Families of Clients

The results indicated that almost one-third of the centers do not offer any services for the families of clients. It is paradoxical that the basic function of day care centers is to support clients to stay in the community instead of early institutionalization and that day care centers do not serve the basic component of the supportive system, namely, the family. The authors argue that day care centers should intervene to assess the needs of their clients, developing a care plan utilizing all the available resources and reinforcing those which need support, so individuals can and should maintain their lives in the community.

Services for the families of clients should include respite care to relieve the families in case of emergencies, or time for vacation, etc. Day care centers should have access to information about the living conditions of the clients, especially in regard to protective services within the supportive system. In essence, day care centers should help to reconstruct the supportive system of the individual if necessary.

Counseling Services in Day Care Centers

The main objective of this study is to identify counseling services offered to clients and their families by day care centers. The concept of counseling here is not confined to therapeutic counseling, but also counseling conducted by different professionals in the social and health services fields. The results indicate that the majority of the centers, 89%, concluded that counseling

is provided by their staff. In considering the educational and experiential background of staff, many questions can be raised about the quality of the counseling services offered by them. Counseling services offered in day care centers are very limited and more research is needed to identify the practices of counseling in day care centers. The authors believe that counseling is an essential service for older persons. Older adults can manage their own lives if given the resources to help them to meet their needs. Many major living changes, such as retirement, lowered income, loss of a spouse and changes in health necessitate counseling as a service, so they may cope and adjust to these major living changes. Psychotherapy is considered by the elderly as being not only difficult to obtain for financial reasons but it has negative connotations. Elderly persons have a negative perception of an agency or organization providing mental health services, e.g., mental health clinics. This may impede the elderly from seeking these services. Many elderly are threatened by the negative connotations attached to mental health counseling due to lack of knowledge and the stigma of mental illness in our society.

All these factors lead us to believe that counseling services should be an integral part of the services offered by day care centers. Therapeutic counseling should be conducted by professionals, and service providers from all disciplines should be trained in counseling processes so that they may be able to help the elderly within their fields of specialization.

The authors recommend the following as a model of the role of counseling in day care centers:

1) Pre-admission counseling. Clients and their families should be interviewed for needs assessment and survey of existing resources for the purpose of developing a care plan for the client. The objectives of admitting the client to the day care center should be very clear to all involved, viz., the client, the family, and the staff at the center. A home visit is highly recommended to check the living conditions of the individuals, especially if they are living alone.

2) Ongoing therapy counseling. This counseling should be available to the clients whenever needed. This has to be conducted by professional counselors. Also, ongoing counseling services should be available by the rest of the staff within their own professional fields, e.g., nursing, physical therapy, nutrition, etc. Counseling in both instances should be also available to the families of the clients with the provision of crisis intervention whenever needed.

3) Group counseling. Group counseling can be made available not only to clients but families as well.

4) Counseling for discharged clients. Day care centers should provide counseling prior to discharging clients, not only for the clients but for the families as well.

In general, the authors feel that counseling is an integral part of the services of the day care centers and more studies should be conducted to identify general practices within day care centers and to assess the future needs for this type of service.

APPENDIX 1

RHODE ISLAND COLLEGE GERONTOLOGY CENTER

" COUNSELING SERVICES IN ADULT DAY CARE CENTERS "
STUDY

KIMBERLY MORRIS

GAMAL ZAKI

Day Care Center: _____

Address _____ Tele. ( ) _____

_____

1. Building: (free-standing_____, connected to a hospital_____, nursing home_____, community center_____, other (specify)_____.)

2. When and how was your program developed? _____

_____

_____

_____

3. Was it a spin off from another program?

a. multipurpose center ( )
b. Hospital ( )
c. Nursing Home ( )
d. Other (please specify) ( ) _____

4. How many hours per day are your open?

a. four hours ( )
b. five hours ( )
c. six hours ( )
d. seven + ( )

5. What is your yearly average total budget? _____

_____

6. What are the rates of your center?

_____

_____

7. What is the process and procedure for deciding individual rates?

_____

_____

8. Percentages of expenditures (approximately).

(1)_____% Personnel
(2)_____% Capital
(3)_____% Operation
(4)_____% Miscellaneous

9. How many clients are registered in your program?

_____

_____

10. What is your client capacity; i.e., how many clients can you accommodate at one time?

_____

11. What is your average daily census?

_____

12. With whom do your clients live? Give percentages (approximate).

a. Spouse _____
b. Children _____
c. Relatives _____
d. Friends _____
e. Alone _____
f. Institution _____
g. Other (specify) _____

_____ _____

_____ _____

13. Who comprises all of your staff? What are their qualifications? What are their responsibilities? Do they work full or part time? Please include all your staff.

	Staff*	Qualifications	Main Responsibilities	FT	PT
a.	Director				
b.					
c.					
d.					
e.					
f.					
g.					
h.					

* e.g., Director, Assistant Director, Social Worker, Nurse, Aides, etc.

14. In general, do you offer counseling services to your clients and their families (people with whom the client lives, e.g. spouse, children, relatives, friends, etc.) if applicable? Please describe who perform these services and when.

_____

_____

_____

_____

_____

15. What degree of impairment do you use as a criteria in accepting or rejecting clients? (Please check degree of category, severe to mild, where appropriate.)

	Accept				Not Accepting
	Very Severe	Severe	Mild	Very Mild	
a. Incontinence	_____	_____	_____	_____	_____
b. Suicidal	_____	_____	_____	_____	_____
c. Alcoholism	_____	_____	_____	_____	_____
d. Handicapped*	_____	_____	_____	_____	_____
e. Rely on walker	_____	_____	_____	_____	_____
f. Retarded	_____	_____	_____	_____	_____
g. Depressed	_____	_____	_____	_____	_____
h. Disoriented	_____	_____	_____	_____	_____
I. Schizophrenic	_____	_____	_____	_____	_____
j. Paranoid	_____	_____	_____	_____	_____
K. Alzheimer's Disease	_____	_____	_____	_____	_____
l. Any other mental disorder	_____	_____	_____	_____	_____
m. Abusive behavior	_____	_____	_____	_____	_____
n. Other (specify)	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____			_____	_____	_____

* Could not move without wheelchair

16. Prior to acceptance, do you offer any counseling services to the clients and/or their families (people with whom clients live) if applicable?

Yes_____ No_____

If the answer is yes please specify by whom the services are offered and when?

_____

_____

_____

_____

17. During the client's participation, if the client is inflicted with any physical impairment i.e., arthritis, stroke, amputation etc. Do you offer any counseling services for the client to cope with these impairments?

a. No_____

Yes_____Please describe the service and who offers it.

_____

_____

_____

b. Do you provide any counseling services for the client's family (people with whom clients live)?

No_____

Yes_____Please describe the service and who offers it.

_____

_____

_____

18. If the client is faced with psychosocial problems i.e., breakdown of interpersonal relationships, loss of a friend or relative, widowhood etc. Do you offer any counseling services to cope with these problems?

a. No_____

Yes_____Please describe the service and who offers it.

_____

_____

_____

b. Do you provide counseling services for the client's family (people with whom clients live)?

No_____

Yes_____Please describe the service and who offers it.

_____

_____

_____

c. Does your center organize support groups for the families (people with whom clients live) of clients?

No_____

Yes_____Please describe the service and who offers it.

_____

_____

_____

19. If the center finds it necessary to discharge a client do you provide counseling serivces? Please describe.

_____

_____

_____

_____

_____

20. If the family (people with whom clients live) of a client is facing a crisis what provisions are made by your center:

a. Sickness of person who is the main care provider for client while in the community.

Provisions made:_____

_____

_____

_____

b. Loss of income of family (especially in States which do not have provisions of medicaid coverage).

Provisions made:_____

_____

_____

c. If the family needs to travel for any reason, e.g. vacation or visits etc.

Provisions made:_____

_____

_____

_____

d. Loss of the person who is the main care provider for client while in the community.

Provisions made:_____

_____

_____

_____

21. For those who live alone, are any of the following provisions made available by your Center or by another agency?

	No	Yes	If yes, by whom
a. Emergency telephone reassurance	___	___	_____
b. Weekend meals	___	___	_____
c. Holiday meals when Center is closed	___	___	_____
d. Check on living conditions	___	___	_____
e. Help with:	___	___	_____
(1) Shopping	___	___	_____
(2) Laundry	___	___	_____
(3) Doctor visits	___	___	_____
(4) Visiting others	___	___	_____
(5) House cleaning	___	___	_____
(6) Cooking	___	___	_____
(7) Other (Specify)			
_____	___	___	_____
_____	___	___	_____

22. Whenever needed, do you provide any of the following services? How often? Who provides the services?

	Always	Sometimes	Rarely	Not At All	Service Offered By: Center Staff	Community Agencies	Client Takes Care Of Service
a. Physical therapy							
b. Occupational therapy							
c. Family counseling							
d. Client counseling							
e. Tax help							
f. Referral service							
g. Legal help							
h. Hairdresser/barber							
i. Optometrist visit							
j. Podiatrist visit							
k. Transportation for shopping							
l. Transportation for doctor's appointments							
m. Transportation for visiting or recreation							
n. Other (Specify):							
_____							
_____							

23. Could you give an example of an average day for the clients at your center? Please be very specific; if programs, what are they?

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

24. On this continuum, where would you place the majority of your clients at this time?

1	2	3	4	5	6	7	8	9	10
Active									Frail

25. On this continuum, where would you place your Center's activities?

1	2	3	4	5	6	7	8	9	10
Medical									Psychosocial

26. In regards to the role of counseling in the day care setting, there are two schools of thought:

(1) there should be professional counseling conducted by trained counselors with at least a masters degree in counseling with special training in the field of Gerontology to perform all counseling services needed by clients and their families.

(2) the regular staff working with the elderly could be trained in counseling techniques and there would be no need for professional counselors to offer their services to clients and or their families.

Which of the two schools of thought reflects your perspective accurately?

(1) _____

(2) _____

Why? _____

_____

_____

(3) Would you like to suggest any other alternative?

_____

_____

_____

_____

_____

_____

_____

THANK YOU FOR YOUR TIME IN COMPLETING THIS SURVEY.

APPENDIX 2

NUMBER OF EXISTING DAY CARE CENTERS AMONG STATES - AND NUMBER OF CENTERS WHO RESPONDED

State	No of Existing Day Care Centers	No. of Centers Who Responded
Alaska	0	
Alabama	38	6
Arizona	8	2
Arkansas	2	
California	46	10
Connecticut	14	4
Colorado	0	
Delaware	6	
D. C.	6	
Florida	34	4
Georgia	16	2
Hawaii	7	3
Idaho	1	
Illinois	31	10
Indiana	5	2
Iowa	6	4
Kansas	10	
Kentucky	7	1
Louisiana	6	2
Maine	0	
Maryland	16	6
Massachusetts	44	4
Michigan	11	4
Minnesota	19	8

APPENDIX 2 (cont'd)

State	No. of Existing Day Care Centers	No. of Centers Who Responded
Mississippi	14	2
Missouri	5	3
Montana	1	
Nebraska	7	2
Nevada	1	
New Hampshire	6	2
New Jersey	26	6
New Mexico	8	3
New York	29	9
North Carolina	18	2
North Dakota	2	1
Ohio	28	3
Oklahoma	1	1
Oregon	2	
Pennsylvania	22	5
Rhode Island	7	
South Carolina	8	
South Dakota	2	
Tennessee	17	4
Texas	19	5
Utah	2	2
Vermont	3	1
Virginia	12	6
Washington	15	6
West Virginia	2	
Wisconsin	10	
Wyoming	0	
		TOTAL 135

FOOTNOTES

1) Anthony Whitehead, In Service of Old Age, Pelican, 1970, p. 75.

Lorenze, et. al., "The Day Hospital: An Alternative to Institutional Care," Journal of American Geriatric Society, Vol. XXII, No. 7.

2) William G. Weissart, "Costs of Adult Day Care," Inquiry, Vol. XV (March, 1978), p. 11.

3) N. H. Mehta and Christopher V. Mack, "Day Care Services: An Alternative to Institutional Care," Journal of American Geriatric Society, Vol. XIII, (June, 1975), p. 282.

4) W. Dean Mason, Ed.D., "Elderly Day Care Service in the USA - A Viable Option," Nursing Homes, (January/February, 1978), p. 6.

*(James Farmdale), The Day Hospital Movement in Great Britain, New York, Oxford: Pergammon Press, 1961, p. 1).

5) Eloise Rathbone-McCuan, Ph.D. and Julie Levinson, R.N., "Impact of Socialization Therapy in a Geriatric Day Care Setting," The Gerontologist, (August, 1975), pp. 339-340.

6) W. Dean Mason, Ed.D., "Elderly Day Care Services in the USA - A Viable Option," Nursing Homes, (January/February, 1978), p. 6.

7) Edith G. Robins, "Adult Day Care: Growing Fast but Still for Lucky Few," Generations, Spring, 1981, p. 22.

8) Neville J. G. Doherty, Ph.D. and Barbara C. Hicks, MSW, "The Use of Cost-Effectiveness Analysis in Geriatric Day Care," The Gerontologist, (October, 1975), p. 415.

9) William G. Weissert, "Two Models of Geriatric Day Care," The Gerontologist, Vol. 16 (5), 1976, p. 426.

10) Lorenze, et. al., "The Day Hospital: An Alternative to Institutional Care," Journal of the American Geriatric Society, Vol. XXII (7).

11) Helen Padula, "Developing Day Care for Older People," National Council on Aging, 1972, p. 57.

12) David R. Matlock, MBA, "The Case for Geriatric Day Hospitals," The Gerontologist, (April, 1975), p. 110.

13) M. S. Pathy, "Day Hospitals for Geriatric Patients," The Lancet, (September 6, 1969, pp. 533-535.

14) Eloise Rathbone-McCuan, Ph.D. and Martha Warfield Elliott, MSW, "Geriatric Day Care in Theory and Practice," Social Work in Health Care, Vol. 2 (2) (Winter, 1976-77), p. 155.

N.B. In the article Dr. Rathbone-McCuan put the above statement in footnotes: 20) McCuan Eloise Rathbone. "An Evaluation of a Geriatric Day Care Center as a Parallel Service to Institutional Care." Unpublished research monograph, Levindale Geriatric Research Center, Baltimore, Maryland, 1973.

15) Helen Padula, MSW, "Developing Day Care for Older People, "Technical Assistance Monograph NCOA (September, 1972), p. 6.

16) E. G. Rabens, "Therapeutic Day Care: Program Reports on Experiments to Test the Feasibility for Third Party Payment," Paper presented at the 27th Annual Meeting of Gerontological Society, October 30, 1974.

17) Philip G. Weiler and Eloise Rathbone-McCuan, Adult Day Care, Community Work with the Elderly, Springer, 1978, pp. 17-19.

18) Ibid., pp. 6-16

19) Elizabeth Gustafson, "Daycare for the Elderly," Gerontologist, 14 (February, 1974), pp. 46-49.

20) Nancy E. Abel, "Daytime Care Lets Elderly People Stay Home At Night," Modern Health Care, (July, 1976), pp. 23-28.

21) Robert L. Kane and Rosalie A. Kane, "Alternatives to Institutional Care of the Elderly: Beyond the Dichotomy," The Gerontologist, Vol. 20 (3), 1980, pp. 249-259.

22) Edith G. Robins, "Adult Day Care: Growing Fast But Still For Lucky Few," Generations, Spring, 1981, p. 22.

23) Gamal Zaki, Summer Consultation Program, Study of Day Care Centers, 1974, pp. 18-20.

24) Bruce Shertzer and Shelly Stone, Fundamentals of Counseling, 1980, p. 18.

25) Lewis P. Aiken, Later Life, 1982, p. 123.

26) Sandoz Pharmaceuticals, "Living Successfully with your Elderly Relatives," 1981, p. 2.

27) Philip G. Weiler and Eloise Rathbone-McCuan, Adult Day Care Community Work with the Elderly, Vol. 1, 1978, p. 108.

28) Gamal Zaki and Sylvia Zaki, "Day Care as a Long-Term Care Service, Study," February, 1982, p. 18.

BIBLIOGRAPHY

Abel, Nancy E. "Daytime Care Lets Elderly People Stay Home at Night." Modern Healthcare (July 1976): 23-28.

ACNHA's Research Brief: Survey on Adult Daycare Services. Journal of Long-Term Care Administration 5(1): 27-34 (1977)

Adams, James. "Alternate Forms of Care Benefit Young and Old." Hospitals, 54(10), 1980: 91-92, 94.

Agate, John. Taking Care of Old People at Home. Winchester, ME: Allen and Unwil, Inc., 1979.

Aging. "Daycare Center Delivers Several Types of Services." November/ December 1977: 26

"Alternatives to Institutionalization." (Report of the Blue Ribbon Committee to Investigate the Nursing Home Industry in Connecticut, Report F). Unpublished manuscript, December 1976.

American Medical Association. Statement on Home Health Care. Chicago: American Medical Association, 1973.

American Nurses' Association: Task Force on Options for Health Care Services. October 1974: 7-14

Applied Management Sciences. Evaluation of Personal Care Organizations and other In-Home Alternatives to Nursing Home Care for the Elderly and Long-Term Disabled. (Final Report and Executive Summary, Revised). Contract No. HEW-OS-74-294, May 1976. Silver Spring, MD.

Arie, Tom. "Day Care in Geriatric Psychiatry." Gerontologia Clinica 17 (1975): 31-39.

Arizona Institute for Research. Day Care for the Elderly: A State of the Art Paper. Health Services and Mental Health Administration Contract. June 1973.

Aronson, Rhoda. "The Role of an Occupational Therapist in a Geriatric Day Hospital Setting -- Maimonides Day Hospital." American Journal of Occupational Therapy 30(May 1976): 290-292.

Austin, larol D. (University of Wisconsin-Madison, School of Social Work) "Providing Alternatives to Nursing Home Care: An Interorganizational Analysis." Paper presented at the 31st Annual Scientific Meeting of the Gerontological Society, Dallas, TX 16-20 November 1978.

Austin, Michael J. "A Network of Help for England's Elderly." Social Work 21(March1976): 114-119.

Austin, Nancy K. ; Liberman, Robert P.; King, Larry W.; and DeRisi, William. "A Comparative Evaluation of Two Day Hospitals." Journal of Nerve and Mental Disorders 163 (October 1976): 253-262.

Bagnall, M.K. "Daycare and Social Need." Gerontologia Clinica 16(1974): 253-257

Ball, R.M. "U.S. Policy Toward the Elderly." Paper presented at the Anglo-American Conference on Care of the Elderly: Meeting the Challenge of Dependency, Washington, D.C., May 1976.

Barker, Charles. "Psychogeratric Day Patient Assessment 1. Making a Visual Aid Book." Nursing Times 71(August 14, 1975): 1292-1298.

Barker, Charles. "Psychogeriatric Day Patient Assessment 2. Recording and Interprting the Data." Nursing Times 71(August 21, 1975): 1328-1331.

Barnes, Lois J. Day Care Centers for the Elderly. May 1970

Barney, James L. "Prerogative of Choice in Long-Term Care." The Gerontologist, 17(4), 1977: 309-314.

Barney, Jane Lockwood. The Well-Being Report. University of Michigan, Institute of Gerontology, 520 E. Liberty St., Ann Arbor, MI 48109. 1975.

Bennett, Douglas; Fox, Catherine; Jowell, Tessa; Skynner, A.C. "Towards A Family Approach in a Psychiatric Day Hospital." British Journal of Psychiatry 129(July 1976): 73-81.

Berger, Milton M. "An Innovative Program for a Private Psycho-Geriatric Day Center." Journal of the American Geriatrics Society 19(4): 332-336 April 1971.

Berry, Barbara L., and Lukens, Horace C. "Integrating Occuaptional Therapy Into Other Activities in a Day Treatment Program." Hospital Community Psychiatry 26 (September 1975): 569, 574.

Black, B.S. "Occupational Rehabilitation, Day Centers and Workshops." Psychiatric Quarterly 48(1974).

Blue Cross Association. "Pilot Program Extends Plans Home Care Coverage." Blue Cross Consumer Exchange, February 1978.

Bok, M., and Wortman,J. "Evaluation of the Community Life Association Personal Care Program. "Unpublished manuscript, University of Connecticut-Hartford School of Social Work, 1975.

Bonn, Ethel M. "Day Care; A Vital Link in Services." Hospital Community Psychiatry 23 (May 1972): 41-43.

Boucher, C.A. Survey of Services Available to the Chronic Sick and Elderly, 1954-1955. (Ministry of Health Reports on Public Health and Medical Subjects No. 98). London: Her Majesty's Stationery Office, 1957.

Bouley, R., and White, D.W. "New Home Care Thrust: The Rochester Model." Patient Care 8 (1974): 132-143.

Boutwn, Malcolm A.; Warner, George M. "Day Hospital Rehabilitation of the Chronically Ill Patient." New York State Journal of Medicine December 15, 1962: 3944-3949.

Bram, Howard. "Operating A Day Care Program." KWIC/ASTRA Training & Education Resources in Aging Information; Duke University Medical Center 1975.

Brickner, Philip W. Home Health Care for the Aged -- How to Help Older People Stay in Their Own Homes and Out of Institutions. 306p 1978 Available from Appleton-Centruy-Crofts, 292 Madison Avenue, New York, New York 10017.

Brickner, Philip and Scharer, Linda. "Hospital Provides Home Care for Elderly at One-Half Nursing Home Cost." Forum, 1(2), 1977: 7-12.

Brocklehurst, J.C., ed. Geriatric Care in Advanced Societies. Baltimore; University Park Press, 1975.

Brocklehurst, J.C. "Role of Day Hospital Care." British Medical Journal 4(October 1973) 223-225.

Brocklehurst, J.C. "The Day Hospital." Physiotherapy 62(May 1976): 148-150.

Buck, G.L. Evaluation Study of Health Center Day Care Program for the Aged. Arizona Institute for Research, Tucson,AZ. December 1970.

Burke Rehabilitation Center. The Day Hospital: An Alternative to Institutionalization. AoA Grant 93-P-75203. Available from SCAN Central Control Facility: #CF 000412.n.d.

Burton, R.M., et al. "Nursing Home Cost and Care: An Investigation of Alternatives." Unpublished manuscript, Center for the Study of Aging and Human Development, Duke University Medical Center, July 1974.

Capelle, P. "Multiple Therapist Groups in A Day Patient Setting and Some Aspects of Group Geography." South African Medical Journal 50(March 1976) 448-452.

Chandler, Suzannah. Home Health Services for the Older Poor: A Model Community Action Program. Washington, D.C.: National Council on the Aging, Inc., 1972.

Chappell, N.L., and Penning,M.J. "The Trend Away From Institutionalization. Humanism or Economic Efficiency." Research in Aging 1(1979): 361 - 387.

Claffey, Rose, and Stein, M.S. Home Care: An Alternative to Institutionalization; Final Report. Springfield,VA: NAtional Technical Information Service, 1976. Order No. PB-226-909.

Clark, David B., and Furzecott, Margaret. "The Barrie Day Care Service: A Study in Partial Hospitalization in a General Hospital Psychiatric Facility." Journal of Psychiatric Nursing 1(January 1974): 32-36.

Clark, E., and Butler, N. (Massachusetts General Hospital, Boston, MA 02114) "Extended Family Care Program: An Experimental Alternative to Institutionalization for Elders." Paper presented at the 32nd Annual Meeting of the Gerontological Society, Washington, D.C., 25-29 November 1979.

Clark, N.M., and Pinkett-Heller, M. "The Institution of Administrative Change in the Home Health Service Agency." Home Health Care Service Quarterly 1 (1979): 7-17.

Clayton, Evelyn A. Home Health Agencies -- Policies and Issues. 12p 1977 Available from the National Technical Information Services, U.S. Department of Commerce, Springfield, Va. 22161

Cohen, Margery G. "Alternative to Institutional Care of the Aged." Social Casework 54(8): 447-452, 1973.

Cohen, Margery G. "Rehabilitation and Day Care: Another Alternative." Maryland State Medical Journal, November 1975.

Colt, Avery M.; Anderson, Norma; Scott, H. Denman. "Home Health Care is Good Economics." Nursing Outlook, 25(10), 1977: 632-636.

Commonwealth of Massachusetts, Department of Elder Affairs. Home Care; An Alternative to Institutionalization. Final Report. November 1975.

Comptroller General of the United States, Washington, D.C. Home Health -- The Need for a National Policy to Better Provide for the Elderly. 67p 30 Dec 1977 Available from the U.S. General Accounting Office, Distribution Section, Rm. 4522, 441 C. Street, N.W., Washington, D.C. 20548 (without charge). Also available from U.S. General Accounting Office, Distribution Section, P.O. Box 1020 Washington, D.C. 20013 ($1.00 per copy).

Conly, S. "Critical Review of Research on Long-Term Care Alternatives." Unpublished manuscript, June 1977. Avaiable from Office of the Assistant Secretary for Planning and Evaluation, Office of Social Services and Human Development, Department of Health, Education, and Welfare, Washington, D.C.

Cowen, Leon. "Achievement of Specific Treatment Goals Through Day Hospital." Psychological Reports 29(December 1971).

Crawford, Sandy. OARS Training Program in Techniques of Adult Day Care Assessment. Available from Duke University Medical Center. *DESELV D0018

Cross, K.W.; Hassal, C.; Gath, D. "Psychiatric Day Care--the New Chronic Population?" British Journal of Preventive Social Medicine 26(November 1972): 199-204.

Directory of Adult Day Care Centers. 116 pages. $3.00 1978 Available from Department of health, Education and Welfare, Health Care Financing Administration, Health Standards and Quality Bureau *(HSW-ED E0302) Parklawn Bldg. 5600 Fishers Lane Rockville, MD 20857.

Doherty, N.G.H., and Hicks, B.C. "The Use of Cost Effective Analysis in Geriatric Day Care." Gerontologist, October 1975.

Doherty, Neville, and Hicks, Barbara. "Cost-Effective Analysis and Alternative Health Care Programs for the Elderly." Health Services Research 12(1977): 190-203.

Doherty, Neville: Segal, Joan; and Hicks, Barbara. "Alternatives to Institutionalization for the Aged; Visability and Cost Effectiveness." Aged Care and Services Review 1(1): 3-16, January/February 1978.

Drought, R.A., ed. "Adult Centers and Day Care Centers: Their Organization and Function Guidelines." Community Council Project on Aging, Maricopa County, AZ January 1974.

Duke University. Alternatives to Institutional Care for Older Americans (Duke University, June 1-3, 1972): Practice and Planning. A Conference Report. AoA Grant 93-P-75172. Available from SCAN Central Control Facility: # CF 000592. n.d.

Dushkes, Janice, and Fried, Suzanne R. "Lunch Program Proves Beneficial to Day Patients." Hospital Community Psychiatry 23 (June 1972).

Ellis, L.J. "Designing Day Hospitals." Gerontologia Clinica 16(1974): 294-299.

Fairclough, Fred. "Community and Day Hospital Care." Nursing Mirror 143 (August 1976): 67-68.

Fashimpar, Gary A., and Grinnell, R.M. "The Effectiveness of Homemaker Home Health Aides." Health and Social Work 3(1) 147-165, 1978.

Feingold, Julian. "Adult Day Care--Reappraisal, Austerity, Opportunity of the Non-Profit Role." Nursing Homes, 28(5), January/February,1979: 2-8, 10-15.

Feldscher, Barry. "A Walking Version of ECF." Hospitals 49(5): 75-80 March 1, 1975.

Finzen, Asmus. "Psychiatry in the General Hospital and the Day Hospital." Psychiatric Quarterly 45(1974): 488-495.

Fiumano, Eleanor Mayer and Orr, Agnes Brady. "Health Care by the Day-- The Medically-Oriented Alternative to Institutionalization." Paper presented at the 30th Annual Meeting of the Gerontological Society, San Fransisco, CA November 1977. Available from the National Technical Information Service, Springfield, VA 22161

Florida Division of Aging. Day Care for the Elderly: A Service Assessment Report. AoA Grant 93-HD-75170. Available from SCAN Central Control Facility: # CF 000475. n.d.

FortLogan Mental Health Center. Alternatives to Institutionalization for the Aged: Narative and Summative Evaluation. AoA Grant 93-P-75200. Available from SCAN Central Control Facility; # CF 000426. n.d.

Foster, Betty K. "Hospital-Based Home Health Care." Texas Hospitals, 34(2) 1978: 25-26.

Fram, David H. "Adult Day Treatment." Focus: The Psychiatric Institute Fall 1979: 13-15.

Freitas, Lorraine, and Johnson, Laura. "Behavior Modification Approach in a Partial Day Treatment Center." Journal of Psychiatric Nursing 13 (March 1975): 14-18.

General Accounting Office, Washington, D.C. Home Health Care Services--Tighter Fiscal Controls Needed. 48p 15 May 79 Available from the National Technical Information Service, U.S. Dept. of Commerce, Springfield, VA 22161

Gerontologist. "Issues Facing Non-Profit Homes and Services for the Aged .. In the Seventies." 14(1974): 5-36.

Gibbons, Kathleen. "A New Era of Day Care Programs for the Elderly." Hospital Progress 52(November 1971): 47-49.

Goldstein, S.E., Birnbam, F. "Hypochondriasis and the Elderly." Journal of the American Geriatrics Society 24:150-154 (April 1976)

Goldstone, H. "Planning a Day Hospital." Gerontologia Clinica 16(1974): 289-293.

Goodman, Marvin. "Day Treatment: Innovation Reconsidered." Canadian Psychiatric Association 19(February 1974): 93-97.

Grauer, H.; Betts, D.; and Birnborn, F. "Welfare Emotions and Family Therapy in Geriatrics." Journal of the American Geriatric Society 21(january 1973): 21-24.

Greiff, S.A.; McDonald, R.D. "Roles of Staff in a Psychogeriatric Daycare Center." Gerontologist 13:39-44 (1973).

Greenberg, J. "The Costs of In-Home Services." In A Planning Study of Services to Noninstitutionalized Older Persons in Minnesota. Minneapolis, MN: Governor's Council on Aging, 1974.

Greenfield, P.R. "Day Hospitals: A Departmental View." Gerontologia Clinica 16 (1974): 307-314.

Gross, Ruth B. "A Conceptual Outline for Day Treatment Center Practices." Comprehensive Psychiatry 12 (September 1971): 327-349.

Gustafson, Elizabeth. "Daycare for the Elderly." Gerontologist 14 (February 1974): 46-49

Hackley, John A. "Full-Service Hospice Offers Home, Day and Inpatient Care." Hospitals 51(21): 84-87 (November 1, 1977)

Hackman, Helen. "Daycare for the Frail Elderly: An Alternative." Public Welfare 36(4): 36-44 (Fall 1978).

Hall, M.R. "Daycare and Society." Gerontologia Clinica 16(1974): 300-306.

Ham, Richard. "Alternatives to Institutionalization." American Family Physician 22(10, 1980: 95-100.

Hamill, Charlotte; Oliver, Robert. "Medically Oriented Adult Daycare--The Burke Day Hospital Experience." Aging Research Utilization Report 3(4) Winter 1976/77

Harrison, Elizabeth A. Long Term Care: Home Health Services (A Bibliography with Abstracts). Rept. for 1964-Han. 79. 236p Feb 79 Available from the National Technical Information Service, U.S. Dept. of Commerce, Springfield, VA 22161.

Harrison, S. Day Care for the Elderly: A Selected Annotated Bibliography. Available from the Institute of Gerontology University of Michigan *(BIBLIO-B1000)

Hayslip, Bert,Jr., et al. Home Health Care Services and the Rural Elderly. Denton, TX: North Texas State University, 1979.

Health Systems Agency of New York City. Home Health Care: Its Utilization, Costs, and Reimbursement. New York: Health Systems Agency, 1977.

Heinmann, Shirley H., and Perlmutter, Felice. "A Follow-Up Study of Clients Discharged From a Day Hospital Aftercare Program." Hospital Community Psychiatry 26 (November 1975): 752-754.

Henry Street Settlement. An Alternative to Institutionalization for the Socially Isolated Aged: The Good Companions Food and Nutrition Demonstration Project. Available from SCAN Central Control Facility: #CF 000202. n.d.

Henschen, Rita Sue. "Learning Impulse Control Through Day Care." Perspectives in Psychiatric Care 9 (September 1971): 218-224.

Hildick-Smith, M. " A Typical Journey to and from the Day Hospital." Gerontologia Clinica 16(1974): 263-268.

Holmes, Douglas, and Holmes, M.B. Homemaker and Home Health Services for the Elderly. New York: Community Research Applications, Inc., 1977.

Holmes, Douglas, et al. "The Use of Community-Based Services in Long-Term Care by Older Minority Persons." Gerontologist 19:389-397 (1979)

Horwitz, Elinor Lander. "Daycare for the Elderly." McCalls Magazine May 1974: 49

House, M.K. "Home-Style Nursing." Journal of the American Medical Association 240 (1978): 2472.

Ingman, Stanley R.; McDonald, Catherine A.; Lusky, Richard. "An Alternative Model in Geriatric Care." Journal of the American Geriatrics Society 27,(6), 1979: 279-283.

Irvine, R.F., Ed. "Symposium on Day Care." Gerontologia Clinica 16(1974).

Jacobs, Milton. "Nursing Homw without Walls." American Health Care Association. 5(1), 1979: 29, 31-32.

Jacobson, S., and Ward, D. "Prevention of Institutionalization: A Cost Effectiveness Model of Community Based Alternatives." Paper presented at the 104th Annual Meeting of the American Public Health Association, Miami Beach, October 1976.

Janzen, S.A. "Psychiatric Day Care in a Rural Area." American Journal of Nursing 74 (December 1974): 2216-2217.

Jones, Ann A. and Stuart, Mary (Johns Hopkins University, School of Hygiene and Public Health, Baltimore, MD 21205) "Project Home: A Domiciliary Demonstration Project." Paper presented at the 32nd Annual Meeting of the Gerontological Society, Washington, D.C. 25-29 November 1979.

Kalis, M.L. "Dav Care Porgram Takes Careful Planning, Teamwork, and Community Support." Modern Nursing Home, January 1974.

Kalish, R.A. Highlights from The Evaluation Report of On Lok Senior Health Services AoA Funding, January 1976.

Kalish, R.A., et al. On Lok Senior Health Services; Evaluation of a Success Administration on Aging funding. November 1975.

Kamerman, S. "Community Services for the Aged: The View from Eight Countries." Gerontologist 16(1976): 529-537.

Kane, Robert L. and Kane, Rosalie A. "Alternatives to Institutional Care of the Elderly: Beyond the Dichotomy." The Gerontologist, 20(3), 1980: 249-257.

Kaplan, Jerome. "The Day Center and Daycare Center." Geriatrics. 12(4): 242-251 April 1957

Kernan, Michael. "The Mellow Years: Fellowship and Daycare for the Aging." The Washington Post December 31, 1975

Kiernat, Jean M. "Geriatric Day Hospitals: A Golden Opportunity for Therapists." American Journal of Occupational Therapy 30 (May 1976): 285-288.

King, Bernice; Spaulding, William; Wright, A. "Problem-Oriented Diabetic Daycare." Canadian Nurse 70 (October 1974): 19-22.

Kistin, H., and Morris, R. "Alternatives to Institutional Care for the Elderly and Disabled." Gerontologist 12(1972): 139-142.

Koenen, Robert E. "Adult Day Care: A Northwest Perspective." Journal of Gerontological Nursing, 6 (4), April 1980: 218-221.

Koff, Theodore H. "How to Start a Daycare Program--and Make it Grow." Modern Nursing Home 32(1): 33-37 (January 1974)

Koff, Theodore H. "Rationale for Services: Daycare, Allied Care and a Coordination." Gerontologist 14(February 1974): 26-29

Kolfat, Fred. "Denmark Home is a Center of Activity." Modern Nursing Home 31(1): 51-52 (July 1973)

Kostick, A. "Levindale Daycare Porgram." Gerontologist 14 (February 1974): 31-32

Kostick, Abraham. "A Day Care Program for the Physically and Emotionally Disabled." Gerontologist 12 (Summer 1972): 134-138.

Kurowski, Bettina T. Applied Research in Home Health Services Volume II: Cost per Episode. Denver, CO: University of Colorado Health Sciences Center, 1979.

Lamden, Richard S.; Greenstein, Lawrence N. "Partnership in Out-Patient Daycare." Hospitals 49(October 1975): 87-89.

Laurie, William F. "Employing the Duke OATS Methodology in Cost Comparisons: Home Services and Institutionalization." Center Reports on Advances in Research 2(2): 1-5, 1978.

LaVor, Judith. "Long-Term Care and Home health Care: A Challenge to Service Systems." Home Health Care Service Quarterly 1(1979):19-73.

LaVor, Judith, and Callender, M. "Home Health Care Cost Effectiveness: What are We Measuring?" Medical Care 14(10) 866-872, October 1976.

Lwaton, Powell M. "" Institutions and Alternatives for Older People." Health and Social Work vol.3, no. 2, May 1978.

Levindale Geriatric Research Center. Cost Effectiveness Evaluation of the Levindale Adult Treatment Center. AoA Grant 93-P-75193. Available from SCAN Central Control Facility:# CF 000427.n.d.

Lexington & Fayett County Health Department, Lexington, KY, National Center for Health Services Research, Hyattsville, Md. Long Term Care Alternatives: Section 222 Day Care and Homemaker Demonstrations. Lexington Fayett County Health Dept. Final report. 28 Jun 74 30 Nov 77. 127p 30 Aug 77. Availablr from the National Technical Information Service (NTIS) U.S. Dept. of Commerce, Springfield, Va 22161

Linn, M.W., Klett, C.J. and Caffey, E.M. (VA Hsopital and University of Miami School of Medicine, Miami, Florida, VA Hospital Perry Point, MD, and VA Central Office, Washington, D.C.). "Foster Homes and Psychiatric Patient Outcomes." Faper presented at the 32nd Annual Meeting of the Geronotological Society, Washington, D.C. 25-29 November 1979.

Little, V.C. "Issues and Problems in Providing Home Care Services for the Aging: A Cross-Cultural Perspective." Paper presented at the meeting of the Gerontological Society, New York, November 1976.

Lohn, H.L. Levindale Geriatric Day Care: An Interim Report. Paper presented at the 27th Annual Meeting of the Gerontological Society, October 1974.

Lorenze, Edward J.; Hamill, C.M.; Oliver, R.C. "The Day Hospital: An Alternative to Institutional Care." Journal of the American Geriatric Society 22(July 1974): 316-320.

Loten, E.G.; Baskett, J. "The Day Ward--Cornwall Geriatric Hospital." New Zealand Medical Journal. 79(February 1974); 683-685.

Lurie, E. "Evaluation of Day Care: Problems and Procedures." Paper presented at the 27th Annual Meeting of the Gerontological Society, October 1974.

Lurie, E. et al. "On Lok Senior Day Health Center: A Case Study." Gerontologist 16 (February 1976).

Lyons, Walter. "Daycare in the 21st Century." Concern in Care of the Aging 3(5): 14-16 (April/May 1977).

McCuan, Eloise R. An Evaluation of a Geriatric Day Care Center as a Parallel Service to Institutional Care. Levindale Geriatric Research Center, Balt. MD 1973.

McCuan, E.R. "Organizational Structure: An Intervening Variable in Day Care Cost Effectiveness." Paper presented at the 27th Annual Meeting of the Gerontological Society, October 1974.

McCuan, E.R.; Lohn, H.; Levenson, J.; and Hsu, J. Cost Effectiveness Evaluation of the Levindale Adult Treatment Center. Administration on Aging Grant 93-P-7[illegible]193-3-0 1975.

McCuan, E.R.; and Levenson, J. "Impact of Socialization Therapy in a Geriatric Day Care Center." Gerontologist 15 (1975): 338-342

McCuan, E.R.; and Padula, H. "Familial Behavior as an Assessment Criterion for Utilizing Geriatric Day Care Services." Paper presented at the 27th Annual Meeting of the Gerontological Society October 1974.

McDonald, Robert D.; Neulander, Arthur; Holod, Olga; and Holcomb, Nancy S. "Description of a Non-Residential Day-Care Facility." Gerontologist 11 (Winter 1971): 322-328.

McNamara, Evelyn M. "Continuing Health Care - Attention Turns to Day Care and Hospice Services." Hospitals, Journal of the American Hospital Association 52(7) April,1978: 79-83

Mathieson, Fritz. "Somatic Day and Night Hospital Service." Danish Medical Bulletin vol. 22, number 16 September 1975

Matthews, J.C. "The Social Service View." Gerontologia Clinica 16(1974) 318-323

May, David C. "A Diabetic Daycare Center on a Community Hospital." Canadian Medical Association Journal 106(April 1972): 910-911

Mehta, Nitin H., and Mack, Christopher M. "Day Care Services: An Alternative to Institutional Care." Journal of the American Geriatric Society 26 (June 1975): 280-283

Michaux, Mary H.; Pruim, Robert J.; Foster, Shirley A.; and Chelst, Marvin R. "Relatives' Perceptions of Rural and Urban Day Center Patients." Psychiatry 36 (May 1973): 203-212.

Minor, Kirk, and Thompson, Pat. Development and Evaluation of a Training Program for Volunteers Working in Day Treatment." Hospital Community Psychiatry 20 (March 1975): 154-156.

Mitchell, R.G. "Psychiatric Day Centers-- A Sound Investment." Nursing Times 72 (February 1976): 634.

Monk, Abraham. "Organizedc Daycare for Older Persons Fulfills Social and Emotional Needs." Perspectives on Aging. 4(3): 23-25 May/June 1975.

Morley, Dinah. Daycare and Leisure Provision for the Elderly1979 Age Concern England

Morrice, J.K.W. "A Day Hospital's Function in a Mental Service." British Journal of Psychiatry 122 (March 1973): 307-314.

Mount Vernon Center for Community Health and Area C Community Mental Health Center. "How to Develop a Geriatric Day Treatment Program." Focus: The Psychiatric Institute Fall 1979: 24-25

NCOA Reprints. "Developing Day Care to Older People." Helen Padula Workshop. "Geriatric Day Care: A Family Perspective." Eloise Rathbone-McCuan. "Geriatric Day Care in Theory and Proctive." Eloise Rathbone-McCuan Available from: National Council on Aging.

NISC Senior Center Report Volume 1, No. 7: 3-7 August/September 1978

National Council on Aging, Inc. Developing Day Care for Older People (ord.No. 224-72-06). 1828 L. St., N.W., Washington, D.C. n.d.

National Council on the Aging, Inc. A Guidebook for Local Communities Participating in Operation Independence. 1828 L St., N.W., Washington, D.C. 20036. Order No.: 215-75-15. n.d.

National Council on the Aging, Inc. A Health Maintenance Service for the Older Adult. 1828 L St., N.W., Washington, D.C. 20036. Order No 209-72-27. n.d.

National Council on the Aging, Inc. Home Health Service for the Older Poor. 1828 L. St., N.W., Washington, D.C. 20036. Order No. 206-70-30. n.d.

National Council on the Aging, Inc. Hospitals and Home Care for the Elderly 1828 L. St., N.W., Washington, D.C. 20036. Order No. 223-78-00 n.d.

National Council on the Aging, : NVOILA's Subcommittee on Quality In-Home and Supportive Services. "Services Clustering." Perspective on Aging, 7(3) 1978: 23-25.

- National League for Nursing, New York, N.Y. Home Health Care-- A Discussion Paper. 64p 1977 Available from the National League of Nursing, 10 Columbus Circle, New York, NY 10019

Noelker, Linda, and Harel, Zev. "Aged Excluded from Home Health Care: An Interorganizational Solution." Gerontologist 18(1): 37-42, 1978.

Novicks, Lucy; King, B.; Spaulding, W. "The Diabetic Daycare Unit 1. Development of an Index to Evaluate Diabetic Control." Canadian Medical Association Journal 114 (May 1976): 777-783.

Novick, Louis J. "Day Care Meets Geriatric Needs." Hospitals, Journal of the American Hospital Association 47 (November 1973): 47-50.

Nurock, R. "The Day Hospitals Organization: The First Four Years." South African Medical Journal 48(may 1974): 1053-1058.

O'Brien, Carole. "Elderly Day Health Care: Implications for Nursing." American Health Care Association Journal 5(5) September 1979: 3-6.

O'Kelly, F., and McNulty, C. "Survey of Patients Seen in their Own Homes and in Nursing Homes in a Group Practice Population." Irish Medical Journal 71(1978): 621-624.

Ognyanov, Voislav, and Cowen, Leon. "A Day Hospital Program for Patients in Crisis." Hospital Community Psychiatry 25 (April 1974): 209-210.

Oster, Claude, and Kibat, Wendy H. "Evaluation of a Multi-Disciplinary Care Program for Stroke Patients in a Day Care Center." Journal of the American Geriatric Society 23 (February 1975): 63-69.

Padula, H. Developing Day Care for Older People. Senior Opportunities and Services Technical Assistance Monograph #1. National Council on Aging, Washington, D.C. 1972.

Padula, Helen. Developing Daycare for Older Poeple: A Technical Assistance Monograph. Prepared for the Office of Economic Opportunity. Washington D.C. National Council on the Aging. September 1972.

Pantell, Dora Fuchs. "Methodological Implications of Day Center Teaching Experience." Gerontologist 2(2): 89-92 June 1962

Pastorello,T. "A Cost-Effectiveness Model for Geriatric Care Program Alternatives Evaluation." Paper presented at the 29th Scientific Meeting of the Gerontological Society, New York, October 1976.

Pellegrino, Julius. Executive Summary of Final Report Adult Day Care in the U.S. Available from Trans Century Corp. 1789 Columbia Rd., Washington, D.C. 20009

Pennsylvania State University. Institute of Research on Human Resources. New Roles for the Elderly: Their Integration and Effectiveness in Day Cafe Services. Final Report AoA Grant 90-A-495. Available from SCAN Central Control Facility: #CF 000556. n.d.

Pfeiffer, Eric, ed. Daycare for Older Adults: A Conference Report. Duke University 1977

Piland, Neill F. Feasibility and Cost-Effectiveness of Alternative Long-Term Care Settings. Final Rept. 240p May 78 Available from the National Technical Information Service, U.S. Dept. of Commerce, Springfield, Va 22161.

PIMA Council on Aging. Areawide Model Project: Altenatives to Institutional Care. Final Report. AoA Grant 93-P-75258. Available from SCAN Central Control Facility: #CF 000616.n.d

Pisa, Anthony, and Lukens, Horace. "A Multifaced Approach to Psychodrama in a Day Treatment Center." Hospital Community Psychiatry 26 (July 1975): 444-447.

Planning for the Development of a Community Care System for the Chronically Impaired Elderly Model Project Within a Target Area of Dade County, Florida. Tallahassee, FL: Florida State Department of Health and Rehabilitative Services, Adult and Aging Services Program Office, 1979. AoA Grant 90-A-1642(01)

Plutchik, Robert. "Personality and Personal History Differences Between Day Hospital and Ward Patients." Psychiatric Quarterly 45(1971) 509-517.

Polner, Walter. "Day Hospital for Geriatric Patients." Geriatrics 16(2): 89-93 February 1961.

Porter, K.R. "Day Hospitals: A Regional View. Symposium on Day-Care." Gerontologia Clinica 16(1974).

Portland State University. Institute on Aging. "Impact Analysis of Community Service Alternatives to Institutionalization for the Elderly." Unpublished manuscript, Portland State Univ. 1974.

Prichard, E.R.; Collard, J.; Lockwood. J.A.; and Seeland, I.B., eds. Home Care.Living with Dying. New York: Columbia University Press, 1979.

Ramirez, Fem A. "Home Health Care in the Minority Community." In Comprehensive Service Delivery Systems for the Minority Aged. San Diego, CA: San Diego State University School of Social Work, 1977.

Ransome, H.E. "Physiotherapy in the Geriatric Day Hospital." Gerontologia Clinica 16(1974): 274-280.

Rao, D.B. "Day Hospitals and Welfare Homes in the Care of the Aged." Journal of the American Geriatrics Society. 19(9): 781-787 September 1971.

Rathbone-McCuan, E.; Elliot, M.W. "Geriatric Daycare in Theory and Practice." Social Work in Health Care 2(1977): 153-170.

Rathbone-McCuan, E. "Geriatric Daycare: A Family Perspective." Gerontologist 16(1976): 517-521.

Ratkowski, Else; Lieberman, Rachel; and Hochman, Avraham. "Day Care for Cancer Patients." Journal of the American Medical Association 230 (October 1974): 430-431.

Reader, George G. "Types of Geriatric Institutions." Gerontologist 13(1973): 290-294.

Reitman, E. Edward. The Best Medicine: Daycare Center Patients Go Camping. University of Texas 1966.

Report of an Evaluation of the Alternatives Program of the Utah State Department of Social Services, Division of Aging. Salt Lake City, UT: Utah State Departmentof Social Services, Division of Aging. 1979.

Richman, D., and Farnsworth, B.K. "Day Care Program Evaluates Clients' Eligibility for Socail Wlefare Aid." Hospital Community Psychiatry 24(October 1973): 669.

Ricker-Smith, K. and Trager, Brahna. "In-Home Health Services in California: Some Lessons for National Health Insurance." Medical Care 16(3): 173-190, March 1978.

Robins, Edith G. Report on Day Hospitals in Israel and Great Britain. Department of Health, Education and Welfare, Washington, D.C. October 1975.

Rosa, D.N. "Geriatric Day Hospitals: Counting the Cost Compared with Other methods of Support." Age and Aging 5(August 1976): 171-175.

Rudd, T.N. "Mental Disturbances in Old Age." Journal of the American Geriatrics Society 21(1973): 342-345.

Ryder, Clair F., et al. "Home Health Services- Past, Present and Future." American Journal of Public Health 59(9): 1720-1729 1969.

Safford, Florence. "Home Care USA... Enroute to Failure?" Paper presented at th 31st Annual Meeting of the Gerontological Society, 16-20 November 1978.

Sager, Alan. Estimating the Costs of Diverting Patients from Nursing Homes to Home Care. 25p Nov 77 Available from the National Technical Information Service, US Dept. of Commerce Springfield, Va. 22161

Siant Camillus health and Rehabilitation Center, Syracuse, N.Y., National Center for Health Services Research, Hyattsville, MD Long Term Care Alternative: Section 222 Day Care and Home-Maker Demonstrations; Saint Camillus health And Rehabilitation Center; Executive Summary. Final Report 28 Jun 74-31 Aug 77. Available from the National Technical Information Service, U.S. Dept. of Commerce, Springfield, Va. 22161

Sam Harris Associates, ltd. Alternatives to Institutionalization of the Elderly. State of the Art. AoA Grant Contract HEW-100-76-0026. Available from SCAN Central Control Facility: #CF 000097.n.d.

San Francisco Home Health Service. "The 222 Demonstrations: Implications for Providers." Paper presented at the Annual Meeting of the American Public Health Association, Washington D.C., October 1977.

Sappington, A.A., and Michaux, Mary. "Prognostic Patterns in Self-Report, and Relative Report, Professional Evaluation Measures for Hospitalized and Day-Care Patients." Journal of Consulting and Clinical Psychology, vol. 43, no. 6, 904-910.

Saunders, B.H. "Nurse's Role in Day Care." Gerontologia Clinica .. 16(1974): 248-252.

Savitz, S. Alan; Evans, James L.; Sullivan, Paul D.; and Tompkins, William G. "Cost Effective Alternative for Intensive Psychiatric Care." Journal of the National Medical Association 68 (May 1976): 231-233.

Schlosser, John R. Prospectus for Daycare Programs for Aging Persons February 1959 Senior Citizens Service Center, Los Angeles, CA

Schocket, Cecelia; Hurwitz, Rosalyn. "Geriatric Day Treatment in the Provate Sector: A Model Approach." Focus: The Psychiatric Institute. Fall 1979: 21-23

Schwartz, Robert M. "Multi-Purpose Day Centers--A Needed Alternative." Nursing Homes 27(4), July-August, 1978: 20-24.

Seidl, Fred W., et al. "Is Home Health Care Less Expensive?" Health and Social Work 2(2): 5-19, May 1977.

Seidl, Fred W. "Providing and Evaluating Home Care: Issues of Targeting." Paper presented at th 31st meeting of the Gerontological Society, 16-20 November 1978.

Shamas, Elia. "Day Care in Rhode Island State Hospitals." Rhode Island Medical Journal 54 (November 1971): 541-545.

Shanas, E. Measuring the Home Health Needs of the Aged in Five Countries." Journal of Gerontology 26(1971): 37-40.

Sheperd, Ruth. "Nursing Home Costs Halved by Home Maintenance Program." Health Care Financing Administration Forum, 2(2), 1978: 33-35.

Sherman, S.R. (SUNY, Institute of Gerontology, Albany, NY 12222), and Snider, D.A. (New York State Department of Social Services Albany, NY 12243) "Dependent Life Styles in Domiciliary Care Facilities: A Mix of Deinstitutionalized Mental Patients with Frail Elderly." Paper presented at the 32nd Annual Meeting of the Gerontological Society, Washington, D.C., 25-29 November 1979.

Sherwood, S., and Greer, D. The Highland Heights Experiment: A Final Report. Washington, D.C., Government Printing Office, 1973.

Shore, H. "What's New About Alternatives." Gerontologist February 1974: 6-11.

Silverman, Wade H., and Val, Eduardo. "Day Hospital in the Context of a Community Mental Health Program." Community Mental Health Journal 11 (Spring 1975); 82-90.

Silverstone, B.M. "Multi-Levels and Options in Chronic Care: Myth or Reality." Bulletin of the New York Academy of Medicine Vol. 54, no. 3, March 1978.

Sister Kenny Institute. Developing a Day Care Center for Physically Disabled Adults: The Kenny Experience. 28 pages. Available from Sister Kenny Institute Dept. 226 811 E. 27th , Minn. MN 55407.

Skellie, F. Albert. "The Impact of Alternatives to Nursing Home Care." American Health Care Association 5(3), 1979: 46, 48, 50, 52-53.

Skellie, F. Albert and Coan, Ruth E. "Community-Based Long-Term Care and Mortality: Preliminary Findings of Georgia's Alternative Health Services Project." The Gerontologist, 20(3), 1980: 372-379.

Slivkin, Stanley. "Psychiatric Day Hospital Treatment of Terminally Ill Patients." International Journal of Psychiatry in Medicine 7(2), 1976-77.

Smith, Bert Kruger. Adult Day Care--Extended Family. Austin, TX: The University of Texas, Hogg Foundation for Mental Health, 1976.

Smith, Bert Kruger. The Pursuit of Dignity: New Living Alternatives for the Elderly. 1977 Beacon Press, Boston

Smits, H., and Draper, P. "Care of teh Aged: An English Lesson." Annals of Internal Medicine vol. 80, no. 6, June 1974.

Somers, A.R. "Geriatric Care in the united Kingdom: An American Perspective." Annals of Internal Medicine 84(1976): 466-476.

Spaulding, Richard, Spaulding, William. "The Diabetic Daycare Unit 2. Comparison of Patients and Costs of Initiating Insulin Therpay in the Unit and a Hospital." Canadian Medical Asaociation Journal 114(May 1976): 780-782.

Spratlen, Lois P. "A Black Client Group in Day Treatment." Perspectives in Psychiatric Care 12 (October 1974): 176-182.

Steinhauer, Marcia B. (Sangamon State University, Public Administration Program, Springfield, IL 62708) "Geriatric Foster Care Policy: A Prototype Design and Implementation Issues." Paper presented at the 32nd Annual Meeting of the Gerontological Society, Washington, D.C., 25-29 November 1979.

Stewart, J. Emmert. Home Health Care. St. Louis, MO: Mosby 1979.

Streib, Gordon F. "An Alternative Family Form for Older Persons. Need and Social Context." The Family Coordinator 27(4), 1978: 413-420.

Strouthidis, I.M. "Medical Requirements of the Day Hospital." Gerontologia Clinica 16 (1974): 241-247.

Symonds, P.C. "Social Services and Daycare." Gerontologia Clinica 16(1974): 270-273.

Teitler, J. Day Care Under Institutional Auspices: Program Description and Issues. paper presented at the 27th Annual Meeting of the Gerontological Society October 1974.

Thompson, M.K. "A General Practioner Looks at Day Care." Gerontologia Clinica 16 (1974): 258-262.

Tift, James C. "The Social Function of Day Care Programs for the Elderly." Journal of Gerontological Nursing 3(6): 58-59, 63, 1977.

Trager, Brahna. "Home Care: Providing the Right to Stay Home." Hospitals 49(20): 93-98, Ocotber 1975.

Trager, Brahna. Home Health Services in the United States: A Report to the United States Senate Special Committee on Aging, 92nd Congress, 2nd Session. Washington, D.C.: Government Printing Office, 1972.

Trans Century Corporation. Adult Daycare in the U.S.: A Comparative Study: Final Report Springfield, Va National Technical Infomation Service 1975.

Trupiano, Florence M. Initial Planning Considerations for Developing an Adult Day Care Center. Center for Studies in Aging Resources. North Texas State University, P.O. Box 13438, Denton TX 76203. 1978.

Turhow, S.R. "Geriatric Group Daycare and Its Effects on Independent Living." Gerontologist December 1975: 509-510.

U.S. Comptroller General. Home Health: The Need for A National Policy to Better Provide for the Elderly. Washington, D.C. Government Accounting Office, 1977.

U.S. Congress. House. Select Committee on Aging. Joint Hearing Before the Select Committee and Subcommittee on Housing and Consumer Interests of the Select Committee on Aging. House of Representatives April 12, 1978.

U.S. Congress. House of Representatives. Select Committee on Aging Auditing of Nursing Homes and Alternatives to Institutionalization Held in Providence, RI July 12, 1975. Washington, D.C.: Government Printing Office, 1975.

U.S. Congress. House of Representatives. Select Committee on Aging Comprehensive Home health Care: Recommendations for Action. Washington, D.C.: Government Printing Office, 1975.

U.S. Congress. House of Representatives. Select Committee on Aging Home Health Care Services: Alternatives to Institutionalization Washington, D.C.: Governement Printing Office, 1975.

U.S. Congress. Senate. Special Committee on Aging. Adult Day Facilities for Treatment, Health Care and Related Services. Washington, D.C.: Government Printing Office, September 1976

U.S. Congress. Senate. Special Committee on Aging. Backround Facts on the Financing of the Health Care of the Aged. Washington, D.C.: Government Printing Office, May 24, 1962.

U.S. Congress. Senate. Special Committee on Aging. Developments in Aging: 1978. Washington, D.C.: Government Printing Office, 1979.

U.S. Congress. Senate. Special Committee on Aging. "HEW Pledges "deep committment" to "Alternatives" in Long-Term Care of Elderly." Press Release, November 14, 1977.

U.S. Congress. Senate. Special Committee on Aging. Health Care for Older Americans: The Alternatives Issue. Parts 1,2,3, and 5. Washington, D.C., 1977. Part 4. Cleveland, Ohio, 1977. Part 6. Holyoke, Massachusetts, 1977. Part 7. Tallahassee, Florida 1977. Part 8. Washington, D.C. 1978. Washington, D.C.: Government Printing Office.

U.S. Congress. Senate. Special Committee on Aging. Home Care Services for Older Americans: Planning for the Future. Washington D.C.: Goverment Printing Office, 1979.

U.S. Congress. Senate. Special Committee on Aging. Home Health Services in the United States: A Report. Washington, D.C.: Government Printing Office, 1972.

U.S. Congress. Senate. Special Committee on Aging. Home Health Services in the United States: A Working Paper on Current Status. Washington, D.C.: Government Printing Office, 1973.

U.S. Department of Health Education and Welfare. Day Care Services Washington, D.C.: Government Printing Office, October 1972.

U.S. Department of Health, Education and Welfare. Home Health Care: Report on the Regional Public Hearings. Washington, D.C.: Government Printing Office, 1976.

U.S. Health Care Financing Adminstration. Directory of Adult Day-care Centers. Washington, D.C.: U.S. Government Printing Office, 1978.

U.S. Health Resources Administration. Division of long-Term Care. Guidelines and Definitions for Daycare Services.

U.S. Health Services Administration. Office of Program Analysis, Planning and Administration. Home Care-An Agenda for Action. Washington, D.C.: Health Services Administration, January 1974.

U.S. Health Standards and Quality Bureau. Directory of Adult Day Care Centers. Washington, D.C.: Government Printing Office, 1978.

VanDyk, Margaret W., and Breslow, Ruth W. (Jewish Council for the Aging, Rockville, MD) "Evaluation of a Group Home Program for Frail Elderly." Paper presented at the 32nd Annual Meeting of the Gerontological Society Washington, D.C., 25-29, Nov. 1979

Van Londen, J. "Occupational Rehabilitation, Day Centers and Workshops." Psychiatric Quarterly 48 (1974): 543-555.

Voineskos, G. "Part-time Hospitalization Programs: The Neglected Field of Community Psychiatry." Canadian Medical Association Journal vol. 114, February 21, 1976.

Volk, V.K.; Manty, Roy, R. "Daycare Program Aids Patients in Transition to Home Care." Hospitals, Journal of the American Hospital Association 76-81 1967.

Wadsworth, M.E.J.: Sinclair, Susan; and Wirz, R.M. "A Geriatric Day Hospital and its System of Care." Social Science and Medicine 6 (August 1972): 507-525.

Wan, Thomas T.H.; Weissert, William G.; Livieratos, Barbara B. "Geriatric Day Care and Homemaker Services: An Experimental Study." Journal of Gerontology, 35(2), March 1980: 256-274.

Ward, Barbara J. "Hospice Home Care Program." Nursing Outlook, 26(10) 1978: 646-649.

Washburn, Stephen; Vannicelli, Marsha; Longabaugh, Richard; and Scheff, Betty Jane. "A Controlled Comparison of Psychiatric Day Treatment and Inpatient Hospitalization." Journal of Consulting and Clinical Psychology 44 (August 1976): 665-675

Weiler, P., and McCuan E.R. Adult Day Care: A New Direction. New York: Springer Publications, December 1976.

Weiler, Philip G. Adult Day Care: Community Work With the Elderly. New York: Springer Publications 1978.

Weiler, P.G.; Kim, Paul; and Pickard, larry S. "Health Care for Elderly Americans: Evaluation of an Adult Day Health Care Model." Medical Care 14 (August 1976): 700-708.

Weissert, William G. Adult Day Care in the U.S.: A Comparative Study. Department of Health, Education and Welfare Contract #HRA-106-74-148. 1976.

Weissert, W.G. "Costs of Adult Day Care: A Comparison to Nursing Homes." Inquiry 15(1): 10-19, 1978.

Weissert, William et al. "Effects and Costs of Day-Care Services for the Chronically Ill-A Randomized Experiment." Medical Care 18(6), 1980: 567-584.

Weissert, William G. "Rationales for Public Health Insurance Coverage of Geriatric Day Care: Issues, Options, and Impacts." Journal of Health, Politics, Policy and Law 3(4), Winter 1979 555-567.

Weissert, William G. "Two Models of Geriatric Daycare: Findings from a Comparative Study." Gerontologist 16(5): 420-427 1976.

Weller, Charles. "Home Health Care." New York State Journal of Medicine 78(12), 1978: 1957-1961.

Widmer, Geraldine; Brill, Roberta; Schlosser, Adele. "Home Health Care--Services and Cost." Nursing Outlook, 26(8), 1978: 488-493.

Wilkie, J. "Day Hospitals and Day Centers." British Medical Journal 1 (March 1973).

Williams, A, and Wright, K.G. "Alternative Measures of Output of Social Programmes: The Elderly." unpublished manuscript Institute of Social and Economic Research, University of York, England, 1973.

Williams, A. "Measuring the Effectvieness of Health Care Systems." The Economics of Health and Medical Care. Edited by M. Perlman. New York: Wiley, 1974.

Williams, Eleanor P. "Geriatric Day Centre in North Wales." Nursing Times 69 (March 1973): 280-282

Williams Rosemarie. "The Day Hospital at the Burke Rehabilitation Center." American Journal of Occupational Therapy 30(May 1976) 293

Wilson, Joan W. "Starting a Geriatric Daycare Center Within A State Hospital." Journal of the American Geriatric Society 21 (April 1973) 175-179.

Winston, Ellen. "Continuum of Care: The Wave of the Future." Perspective on Aging, 7(3) 1978: 28-29.

Wood, S.M. and Harris, W.P. "Adult Day Care: A New Modality." Journal of Long Term Care Administration 14 (Spring 1976)

Youry, M., and Raviv, Sheila. Hospitals and Home Care for the Elderly. Washington, D.C.: National Council on the Aging, Inc., 1978.

Zaki, Gamal. Summer Consultation Program, Study of Day Care Centers, 1974.

Zarit, Steven H. "Predictors of Outcome Among Daycare Participants." Long Term Care and Health Services Administration Quarterly 2(2): 150-162, 1978.